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ABSTRACT

Intended as a guidebook for directors and staff of day care programs who are involved directly or indirectly in integrating exceptional children into programs with normal children, the manual offers numerous practical guidelines. The introduction offers brief suggestions on identifying the exceptional child and his special needs. The first chapter then examines staff in the program, staff needs, staff training, and staff resources. Discussion of parents in the program in the second chapter covers topics of communicating with parents, questions parents ask, parents of special children, and communication between parents. General guidelines for the program presented in the third chapter include a good program for all children, getting to know each other, promoting good feelings among children, guiding behavior, a structured or unstructured program, activities of the day care day, difficult times of the day care day, evaluation of staff jobs, and follow-through when the child leaves. The last chapter surveys ways of helping a range of exceptional children who are visually, aurally, or physically handicapped, mentally retarded, learning disabled, or emotionally disturbed. Appended is a listing of community and funding resources. (CB)

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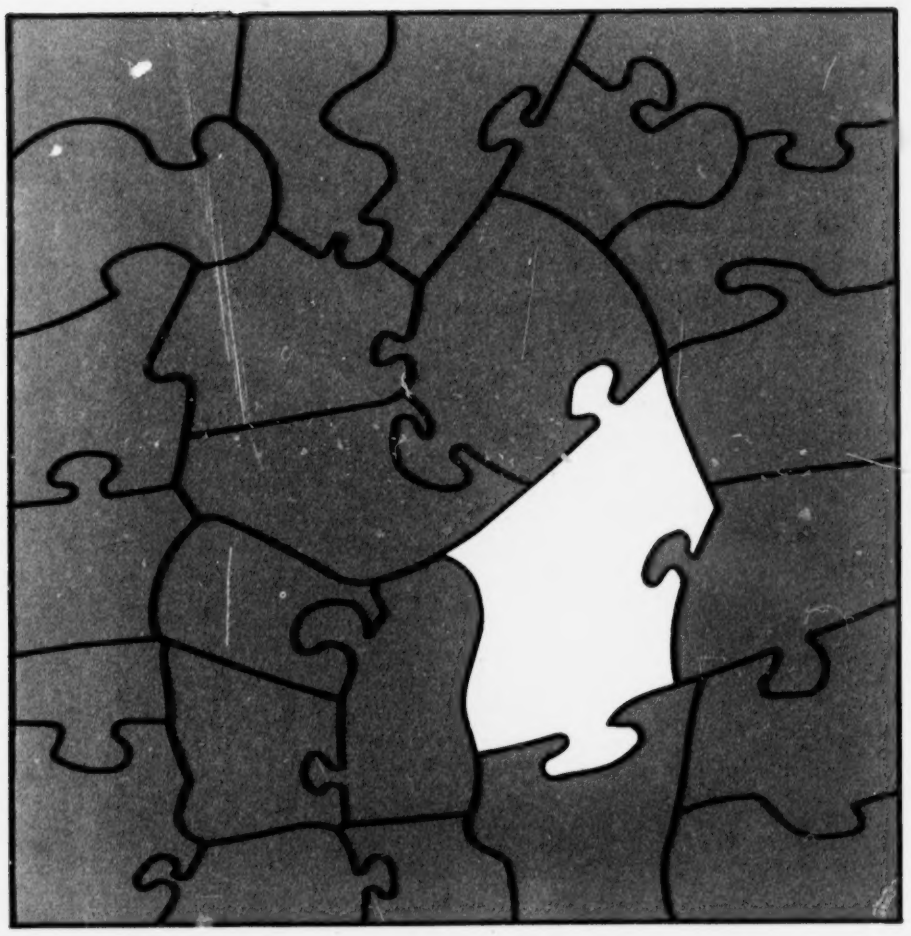

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serving children with special needs

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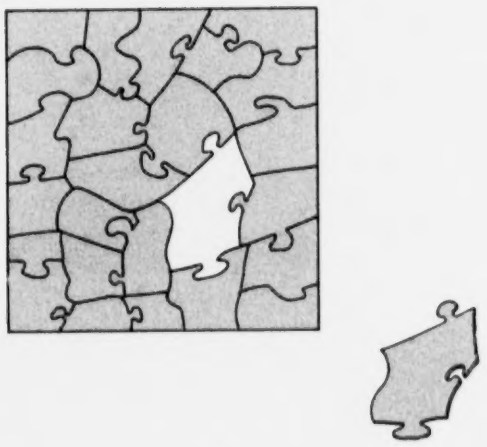

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FOREWORD

■ The Office of Child Development is preparing and publishing a series of handbooks on day care practices appropriate for infants, preschool and school age children. Such a series would not be complete without guides for serving children with special needs in a community day care center or family day care home.

Special children have special needs. Caregivers need particular skills and understanding. But we believe that many children will benefit from being in a program which does not isolate them in their "special-ness."

An integrated day care program offers the special child an opportunity to gain confidence in his abilities and strengths, and to be accepted by other children and adults. At the same time, the other children and their families have an opportunity to understand and accept differences between children and help with the problems of children with special needs.

The development of this handbook is a cooperative effort of OCD, the Office of Education's Bureau of Education for the Handicapped, the President's Committee on Mental Retardation, and the Secretary's Committee on Mental Retardation. We hope it will be helpful to all those with responsibility for the care of children.

Edward Zigler
Director
Office of Child Development

PREFACE

This day care handbook on "Serving Children with Special Needs" is a product of a cooperative effort of four agencies within the Department of Health, Education, and Welfare. Although the Office of Child Development had responsibility for managing the development of the handbook, the Project Manager was ably assisted by an interagency group which made all major decisions regarding the focus, content and style of the document. The interagency group was composed of:

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Many experts, parents of children with special needs, and operators of programs serving children with special needs assisted in drafting and critiquing the document. Their involvement has made the handbook a useful and realistic guide.

Sam Granato
Project Manager

ACKNOWLEDGMENTS

■ The efforts of many individuals and the advice from the staff of many day care programs contributed to the development of this handbook. We would like to thank the following specialists in the fields of day care, early childhood education and special education for their invaluable assistance in helping to shape and review the contents of this manual:

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Special appreciation is extended to the following programs which we visited. The staff at these centers were most cooperative in sharing with us their ideas and experiences in helping children with special needs. Special thanks go to their directors and staff:

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INTRODUCTION

■ "Why can't he talk? Does he have a cold?" Joan age 4, was asking her teacher about Joey. Although Joey was 5, he did not talk. He was also slower than other kids his age in learning to walk, dress himself, play with toys. A doctor had diagnosed Joey as mentally retarded. When the teacher explained that Joey had not yet learned to say words, Joan's comment, after a brief pause, was, "I'll help him." "How?" her teacher asked. "I'll talk to him lots."

Joan couldn't have prescribed better medicine for Joey had she been a specialist or a teacher of mentally retarded children. Talking to Joey lots was exactly what he needed. In fact, after a year in this day care center in Portland, Oregon, Joey had a whole repertoire of words. He'd picked up his vocabulary from Joan and other kids who were willing to talk to him while playing, running, eating, singing, building, fighting, climbing and dancing together.

Joan and Joey are enrolled in an integrated day care program—a program which brings children with special needs together with normally developing kids. This manual talks about how to include these special children in your day care center or family day care home.

Most people agree that the integration idea is a good thing, but they're afraid it's too complicated to get involved with themselves. One day care teacher told us, "We thought about taking in some special children but then gave up on the idea. Don't you need special buildings and equipment for them?" Well, no. Special environments and equipment are nice, but they're rarely necessary. This teacher overlooked the most important ingredient in integrated day care, and that's the **attitude** that special children are first of all children.

As the mother of a special child says, "Basically, this child is like my other children—only more so!" Good integrated day care programs are basically like good regular day care programs, only more so. The "more so" is what this manual is all about. And while this book can't answer all the questions or solve all the problems you may run into with integrated care, it does try to raise many of the issues involved. Hopefully, it will start people thinking about them.

This manual is intended as a guidebook for directors and staff of day care programs who are or might consider including some children with special needs in their program. We hope you'll use it in conjunction with other resources and training programs. Although it provides general guidelines for integrated day care, you'll have to apply and adapt this information to the specifics of your own situation—to your program, staff, and the particular needs of the children and parents you serve.

Finally, we hope you'll use not only the materials and guidelines suggested in the body of the manual, but also the Appendices about Community and Funding Resources and the Bibliography to further investigate the idea of *integration.*

WHO ARE CHILDREN WITH SPECIAL NEEDS?

There's no strict dividing line between children whose needs are special and those whose needs are "normal." All children have needs, but some children's needs are more extensive than others. The special child usually has more needs than other kids; they occur more often, and they tend to interfere with his everyday life and performance.

As they grow and develop, all kids have ups and downs, needs and problems. Take walking, for example. It's normal for children to have problems when they're first learning to walk, trying to take those very unsteady first steps. But Ralph has **special needs** in learning to walk. Born with cerebral palsy, he has limited muscle control in one leg and a poor sense of balance. He'll learn to walk just as other children do, but he'll need more time to practice. Because of his poor sense of balance, he'll fall more often and this will frighten him at first. He'll need constant encouragement, support and praise from those around him.

Children with special needs are those who are often called handicapped. Some of these children have visual problems or hearing problems. Others have crippling conditions and can't get

around like other children. Some are slow learners and may be considered mentally retarded when they get into formal school programs. Others may have emotional or special problems. Some may have received injuries at birth or following high fevers or other illnesses which make it difficult for them to control their motor behavior.

These children often need special help in adjusting to a day care or preschool program. Because of this, they are considered to be children with special needs. Some children's problems do not handicap them. Steven, for example, has an obvious special problem—he has only one arm. But Steven's disability is not a handicap to him because he's been able to accept his problem and work around it. Because of his self-esteem and confidence, Steven is able to feel comfortable and play with other children. Harold, on the other hand, is greatly handicapped by his special problem, which is comparatively minor. When he was very young, he lost a finger in an accident, and he's never been able to adjust to his loss. Ashamed to use his hand, he avoids playing with other kids. Harold's disability is a tremendous handicap to him.

REFERRALS TO YOUR PROGRAM

Children with special needs are often referred to day care programs by mental health centers, local associations or individual parents. Centers and family day care homes are often hesitant to accept these children because staff members feel they don't have adequate training or there are too few staff to meet a special child's needs. Chapter Two contains a list of questions staff should ask themselves when deciding whether or not to enroll children with special needs.

CHILDREN WITH SPECIAL NEEDS ALREADY IN YOUR PROGRAM

Often it is not really a matter of deciding to take in children with special needs. Most day care programs discover that **such children are already enrolled.** These children have minor and sometimes major emotional needs, learning difficulties, speech problems or physical disabilities: many have special needs which will remain with them throughout their lives (visual and hearing impairments, the loss of a limb), while other kids have needs which are temporary, in response to a certain event or crisis (a child may develop extreme emotional needs when his parents are divorced, or if there is a death in the family).

Special needs often go unrecognized in day care programs. A child may be mistaken as lazy or slow when he really has poor vision or a slight hearing impairment. The disobedient child who never seems to follow your directions may have a learning disability which prevents him from understanding your instructions or he may be a gifted child whose mental abilities are so advanced that he is bored by the activities in the program.

You may be the first to recognize that a child has special needs. These often become evident only after he's entered the program, in his first experience in a structured setting with other kids his age. You may notice that he seems to be slower than other children in some or all areas of development, and you might suspect that he has special needs which must be met if he is to develop to his potential. Recognizing that a child has special needs at this early age is crucial.

It's often easier to recognize extreme or severe needs than marginal needs which are not so obvious. The child with marginal needs is usually in a program already, but most likely his needs have not yet been noticed or met. This is the child with whom the staff most often gets angry or frustrated, because no one can understand why he behaves the way he does. His behavior is not so extreme that staff and parents would suspect he has special problems or needs. Children with severe needs are more likely to have been identified before they enter your program.

HOW TO IDENTIFY SPECIAL NEEDS IN CHILDREN

How do you know if a child has special needs? This is a judgment made by parents, teachers and professionals who observe the child's behavior over time. Many forms of behavior serve as signals of special needs. It's impossible to spell out all these behaviors because they differ from child to child, situation to situation. But here are a few behaviors which might indicate special need. The child

- doesn't learn or catch on as well as other kids his age;
- seems confused much of the time;
- doesn't talk or communicate as well as others his age;
- is always on the fringe of activities, never really involved;

- finds it difficult to play and get along with others;
- cries much more than other children;
- has frequent temper tantrums;
- seems uncoordinated and clumsier than other children.

Obviously, all kids act these ways now and again. But a child with special needs acts in one or more of these ways most of the time. Determining whether a child has special needs or not is a very difficult process. You may notice, for instance, that Ricky always seems to be on the fringe of activities, but you may not know why. Does he have a hearing problem which prevents him from participating? Is he a slow learner? Maybe he's so shy he's afraid to join in. Maybe your day care program is his first experience with other kids and adults, and he's overwhelmed by the group.

There can be many causes and explanations for a given behavior, and it takes a trained specialist to determine why Ricky acts the way he does. Appendix A is a list of specialists and clinics who can help you evaluate a child's special needs. Don't try to make your own diagnosis—labels such as "mentally retarded" or "emotionally disturbed" can be very harmful when applied by people who don't really know what these terms mean.

A specialist will try to explain to you and the parents what the child's diagnosis means—what his special needs are, how severe they are, how they might have occurred. But the specialist should not describe only what the child **can't** do because of his special needs. Find out also what he **can** do and how you can help him do it. While it's important to be aware of a child's limitations, don't let them immobilize either the child or you. By helping him develop his strengths, you'll make it easier for him to overcome or compensate for his areas of weakness. A specialist can suggest techniques for you and his parents to use in helping the child do this. Remember, too, that as a child develops, his special needs and abilities may change; he should be constantly re-evaluated by the specialist, his parents and your program.

Often the specialist you visit will not give you a specific diagnosis. He may not even know why the child behaves the way he does. If the child is very young, the specialist may want to wait and observe him over time. He may feel that the child's needs are likely to diminish or change, and that it would be unfair to categorize him at such an early age. However, the specialist can suggest general techniques for helping the child in the meantime and methods for observing his needs in the future.

1/ STAFF IN YOUR PROGRAM

QUESTIONS FROM STAFF

Integrating children with special needs into a regular day care program calls for careful planning. If you already have children with special needs in your program, you're probably aware of some of the problems that can arise and the demands that can be made on staff. Working in any day care program is challenging and rewarding, but it takes a lot of your time and effort to meet each child's needs. This is more so in programs where some children have special needs.

If you're considering integration, the following questions and guidelines might help you make your decision.

WHY ENROLL CHILDREN WITH SPECIAL NEEDS?

Children with special needs are often unnecessarily segregated from other kids, to the disadvantage of both. In an integrated day care program, a child with special needs becomes part of the "real world" of children and adults with different needs and abilities. Here, a special child has a chance to:

- learn to deal with and accept his limitations;
- gain confidence in his abilities and strengths;
- be accepted by other kids and adults.

Your other children will have a chance to:

- deal with and accept differences between people;
- understand the problems of children with special needs.

Teachers can also benefit from knowing and helping children with special needs. By becoming sensitive to these needs, they can become more attuned to the needs of all the kids they work with and to their own needs.

HOW MUCH STAFF DO WE NEED?

Does an integrated program need more staff than a regular one? The answer depends on the particular program, on the attitudes and experience of the staff, and on the needs of the children involved. Many programs suggest one teacher for every five preschool children. This high staff/child ratio allows teachers to give one-to-one attention to children when they need it.

The amount of time and attention given to a child really depends on his needs. Some children with special needs make no more demands on staff than other kids in the program, but most special children will require more time and care. If extra staff isn't added, then demands on your existing staff may be too great for them to handle. Generally, extra staff is needed if there are children with the following kinds of needs:

- children who physically can't get around the facilities by themselves;
- children who aren't toilet-trained;
- children who are very withdrawn;
- children who are very angry, aggressive or disruptive;
- children who are overactive and can't control their impulses.

The number of staff needed also depends to a large extent on the experience of your staff. This doesn't mean all staff must be professional experts with degrees in special education. Certainly experience in working with special children is helpful, but staff can gain experience if they don't have it. One good way is to talk to people who are involved with special children—parents, teachers in special schools, specialists in the community. You'll find it very helpful to meet regularly with one of these people to discuss ways of working with children with special needs.

Staff members who themselves have special problems may serve as a source of understanding and strength for other teachers. Often their firsthand experience with special needs make them effective in establishing rapport with and helping children.

Many day care programs have found it useful to start integration on a part-time basis.

One center invited children from a nearby school for the deaf to come three times a week for some play activities. The staff was able to get a feel for integration by starting out this way. By observing children and talking to their teachers about their needs, they could assess whether they would be able to work with them on a more permanent basis, and whether more staff was necessary.

Another important factor is the stability of your staff. If the same staff members have been working at the center or family home for a year or more, they already know the children and how best to work with them. The children also know their teachers and feel secure in being with them day after day. All kids like to know they can depend on Mrs. M. or Mr. T. to be there when they're needed, and fewer staff will be necessary under these circumstances than if staff members don't remain with your program long.

WHAT ABOUT COMMUNITY RESOURCES?

The need for community resources will vary from program to program. Where staff has experience with special children, you'll probably need less help from the community than programs with little expertise to draw on. But all programs need some outside help. You can't expect to meet all the needs of a child and his family by yourselves. At the very least, you should be familiar with services in your community to which you can refer children and their families. Hopefully, you'll be able to use specialists in the area to train and consult with staff about individual children.

Resources vary from community to community. Some programs may be lucky enough to have clinics, specialists, universities and hospitals nearby to consult with. Other programs, particularly in rural areas, may not have access to all of these resources. Appendix A is a list of community resources to investigate if you don't know where to turn for help.

Community resources can help you in lots of ways by:

- identifying, diagnosing and evaluating the needs of children;
- helping you set goals for individual children and evaluating their progress;
- providing individual tutoring or therapy or rehabilitation for children;
- training teachers to use specific techniques for children with special needs;
- providing financial, social or psychological assistance to families;
- providing funding for programs;
- providing volunteers or part-time staff.

Although some community resources can be expensive, many programs have been able to use specialists from State-funded agencies for little or no cost. For example, a program might request help from a consultant in a State-funded mental health center, or from the State's department of education. Another way of getting around the cost problem is to share community resources with other programs. Some programs have linked up with Head Start projects or public school classes to share consultants, training, equipment and other resources.

HOW MANY CHILDREN CAN WE INTEGRATE?

There are no magic numbers when it comes to integrating. How many children with special needs you enroll depends on how many you already have in your program, and how willing and able your staff is to help them. It may take enough of your time and energy to meet the needs of the children you already work with, or you may feel you can handle more children.

Your decision should also depend on the personalities of the children. For example, it's very difficult to manage a large number of aggressive, "acting-out" children—many programs feel they can take only one or two hyperactive children per twenty. Other kids, whose emotional needs are not so extreme, can be integrated in larger numbers.

Most integrated programs suggest that you begin by enrolling one or two children with special needs. Bringing in large numbers of children all at once may be more than your staff or the kids can handle. As you become more experienced, you'll be able to sense how many children you can and want to integrate.

IS OUR SETTING SUITABLE FOR SPECIAL CHILDREN?

Is family home care more suitable for special children than center care? Not necessarily so. Both family home care and center care offer good opportunities for integrated programs, and this manual is addressed to both. By family home care we mean a program for a small group of children in someone's home during the day. By center care we mean care for a large group of kids, usually with a larger staff, in a day care center.

Both settings have advantages. In family

home care, children are in small groups—usually 3 to 5 children—with one day care "mother" or "father." Kids can feel secure in a setting very much like home. With fewer children, plans and schedules can be easily changed for more program flexibility. It's also easier to give one-to-one attention when there are only a few children. And finally, family home programs often provide care for several children from a single family, thus giving a child the security of being with brothers or sisters.

Day care centers offer many benefits too. Because they serve larger groups of children, centers generally have more staff, more equipment and larger facilities than family day care homes. Special children get the chance to adjust to group settings—an adjustment which will be helpful to them when they later enter school. They'll meet many different kids in their own age range and relate to a variety of staff members, parents, volunteers and students. An added benefit of center care is that parents of children with special needs have a chance to meet with other parents in the program. Active parents' groups invite involvement. Centers may offer counseling and other services to parents or may refer them to other resources in the community.

Another type of day care setting is the home care/center care system in which a group of family day homes is linked up with a day care center or centers. Services in the system—staff training, equipment, social and health services, counseling, parent education groups—are shared with both home care teachers and center staff. This system is very useful for family day care parents who are interested in working with special children but are afraid to do so without proper support, advice and materials. The system can hire a coordinator who visits each family home and center to give staff hints on working with special children and to refer the children to services in the area. Another benefit of the home care/center care system is, again, flexibility. A child who has problems relating to large groups of children can enter a small family home first and later move into the more complex environment of a day care center. Or he can spend part of his time in the home and part in the center.

Family home care, center care and home care/center care systems all offer excellent opportunities for children with special needs. Parents should know about and weigh the benefits of the different settings when they choose an integrated program for their child.

STAFF NEEDS

We'll be stressing children's needs throughout this manual. But what about your needs? You have your own feelings and needs to deal with too.

YOUR FEELINGS ABOUT SPECIAL CHILDREN

Most staff members, like most parents, grow up isolated from people with severe special problems. Teachers who first come into contact with special children in a day care program may suddenly find themselves dealing with new and difficult feelings—the negative feelings parents may have about their special children, a teacher's own feelings of insecurity about being able to help the children, feelings of rejection or hostility toward a child who looks or acts differently from the other children, feelings of resentment about having to make a special effort to help a child when there are so many other things to do, and feelings of guilt for having all those negative thoughts.

It's natural to have these feelings. Teachers need to talk about these feelings with one another. As you get used to being around a child with special needs, and as you get to know him better for himself, you'll probably discover things you like about him (and dislike about him) the way you do with anyone. You'll often discover that those initial negative feelings have disappeared. All teachers have kids they're more partial to; don't be surprised if the special child turns out to be one of them. If not, it doesn't matter, as long as you can respond to him with patience and understanding, and can give him the extra help and guidance he'll need.

You'll also have to learn to deal with very natural feelings of frustration. You can't expect to perform miracles, although you'll probably want to. There are natural limits to what any one human being can do. If a child is deaf, you can't change that—you've got to accept this fact and help the child work around it. It's a very slow process. Similarly, changes in attitudes and behaviors don't happen overnight. At times, your efforts will seem to make no difference at all, or they may be fiercely resisted by the child. Frustration is perfectly natural.

You must be able to understand and cope with your own feelings, though, before you can effectively work with children. It takes a great deal of time and skill to deal with feelings and attitudes. These issues should be dealt with at

staff meetings and in-service training sessions. Remember too that staff feelings aren't just a topic—something to be handled and solved in one meeting. Feelings and needs evolve over time, as the program and the children in it change. Keep in touch with yourselves and each other.

THE NEED FOR TIME

One of your greatest needs will be for time—time not only to discuss your feelings, but time for:

- advance planning of activities specifically designed to help children develop;
- conferences about the needs of individual children;
- in-service training sessions;
- meetings with parents;
- meeting with specialists.

Finding time for meetings is always a problem. Depending on your schedule, some staff can meet before the children arrive in the morning, or after they've left. Other programs hold meetings during nap time, or they stagger staff schedules so certain teachers can meet during the day. If none of these is practical, your meetings may have to be held at night in order to get everyone together at once.

Meet regularly, not just when a crisis arises. At the very least, you should all get together once a week—more often if you have children whose needs are severe.

NEW STAFF ROLES

Integrated programs have recently been adding these staff roles to meet their special needs:

Coordinator of Services—This staff member stays in touch with all local services for special children. Duties might include compiling a master list of specialists, local associations and service organizations in the community. The Coordinator of Services helps schedule a child's outside appointments. He or she talks with specialists and keeps a child's records up to date. This person also keeps in touch with the child's parents and can give individualized special help to children in your center. The Coordinator arranges for staff in-service training concerning children with special needs.

Liaison Counselor—This staff member locates schools for children ready to leave the center and provides these schools with information about a special child. The Liaison Counselor also keeps track of the child's adjustment and progress in the new school.

STAFF TRAINING

A good day care program—with or without children with special needs—should provide its staff with pre- and in-service training. Student teachers, volunteers and part-time staff should participate in these sessions as well as full-time teachers. In pre-service training, your new staff should discuss and deal with their feelings about working with special children and learn the techniques they'll need to help them. An in-service training program should include in its curriculum:

- helping staff understand their feelings about the child with special needs; helping change negative or hostile feelings;
- normal child growth and development with emphasis on areas relevant to children's special needs;
- ways to identify special needs;
- suggestions for curriculum, equipment and materials for children with special needs;
- ways to work with special children; setting expectations, guiding behavior, etc.;
- how to work with parents in terms of education, counseling, involvement in your program;
- introduction to community resources available for special children and how these resources can be used.

Staff training can be done in a variety of ways, both formally and informally and is particularly necessary when children with problems are to be enrolled. Here are some methods frequently used:

- visiting other integrated programs or special education classes (especially helpful as part of pre-service training);
- lectures and discussions with specialists relevant to all of the in-service areas mentioned above;
- discussion sessions with parents, in which parents train staff about the needs of special children;
- workshops on curriculum, equipment and materials;
- slides and filmstrips;
- special or college courses outside the center which deal with helping special children (some programs pay part or all of the tuition of such

courses to encourage staff to pursue further training).

Many day care programs have set up small libraries which they use as part of their training programs. Your staff and parents can bring in their own books and materials, or the center can order some books and pamphlets. (Many good publications are available at little or no cost. See Appendix C.)

STAFF RESOURCES

If you don't have enough money to hire extra staff for your special children, you **can** add quantity and quality to your roster without adding much to your budget. Try using some of the following resources. However, you must not use these part-time staff resources to replace the staff who work on a permanent full-time basis. It is important that care be continuous and stable for the children. Too many people in and out of the center for short periods of time may disrupt the continuity of the program.

STUDENT TEACHERS

Student teachers from local colleges and universities often prove to be the most reliable sources of non-paid staff. Student teachers have a genuine commitment to come regularly to the center. They're often eager to learn. Their professional supervisors in the university may also benefit the program. Particularly useful are students from departments of early childhood education, elementary education, special education, psychology, or counseling. You might try to find students specifically interested in the needs of your special children. (Keep in mind that these students may not be available during school vacations.)

STUDENTS ON FIELD PLACEMENTS

Students from schools of social work, sociology, psychology, nursing, medicine, physical or occupational therapy can be assigned to the program on field placements or internships. Depending on their particular profession, they can work in the classroom with the children, or with parents and community resources. Students on field placements make a commitment to come regularly to the center—this can mean once weekly or full-time. As with student teachers, they are generally under the supervision of people from their schools.

PARENTS OR SIBLINGS

Both parents and older brothers and sisters can help in the classroom. As aides, you should give them responsibility for specific tasks or activities and treat them as experts. Use them as resources for their special areas (art, music, carpentry, etc.). Although they may not be able to serve as regular or full-time volunteers, their assistance for special events or field trips can be most helpful. (A father who is a fireman could organize a trip for a few children to his fire station, where they could see and play on the fire trucks.)

Parents who speak foreign languages can provide bilingual activities in the program. This is great for children who are themselves bilingual and for other children who have not yet had the opportunity to experience other languages and cultures.

If they've worked as teachers or aides in the center, parents can help train other parents or volunteers to carry out activities. Parents are also good teacher trainers—for example, in in-service training programs, parents can sensitize teachers to their concerns by leading discussions on the feelings and problems of families with special children, how teachers can best help their children, and similar topics.

Parents can help in administrative capacities: serving on the governing board of the center, serving as public relations agents, as lobbyists for relevant legislation, as fund-raisers, as car-pool drivers for the center, as equipment builders for the program.

HIGH SCHOOL CHILD DEVELOPMENT OR HOME ECONOMICS STUDENTS

High school students, particularly those taking child development or home economics classes, may be interested in working with young children. Try advertising informally for interested high school students, or set up a regular program in cooperation with the school. The latter ensures a regular structure and supervision for the students.

WORK-STUDY STUDENTS

Many colleges participate in work-study programs which place students who need to earn money in jobs, preferably appropriate to their field of study or career interests. The largest share of their salary comes from the Federal Government; the remainder is paid by the employer.

FOSTER GRANDPARENTS

Some programs have found the Foster Grandparents Program (OEO Act of 1964) very beneficial. This program recruits, trains and places elderly citizens with low incomes in part-time jobs where they work with young children. They receive the Federal minimum wage per hour for an average of 4 hours a day, 5 days a week from the Government. You may find that these "grandparents" can give the extra love and warmth certain children need. They can be especially useful working on a one-to-one basis with a particular child who can benefit from individual attention. To find out more about Foster Grandparents in your area, write to: Older Americans Program, Domestic and Anti-Poverty Operations, ACTION, 806 Connecticut Avenue, N.W., Washington, D.C. 20525.

OTHER VOLUNTEERS

Some centers rely heavily on volunteers to maintain their minimum teacher/child ratios; others try to use volunteers only for extras such as special activities or one-to-one work. Most programs agree that volunteers aren't necessarily as reliable as regular staff and shouldn't be depended upon to take the place of staff. The previously mentioned volunteers must be people who are more committed to the program than the average volunteer is expected to be. In general, volunteers can come from many sources in the community (see Appendix A).

If you want to use volunteers on a regular basis, look for people who will commit themselves to specific times and regularly fulfill that commitment. Also, stress to the volunteers how important their participation is. They must be included in staff training workshops and meetings where they can contribute their observations and know their presence is appreciated.

PART-TIME CONSULTANTS

Children with special needs may require help from specialists outside your program. Some children will already be getting this help; others may need it. The specialist called for depends on the needs of the child. Appendix A is a listing of different specialists and clinics where help can be found. Clinics can evaluate, diagnose, treat and prevent problems in children.

Specialists can work directly with a child, or they can train you to help him. You can consult with them about specific needs (how best to help Susan learn to walk), or about more general skills (working with children who have speech problems). Such advice helps the whole program. For example, a speech therapist can suggest activities to encourage the language development of all the children. Moreover, specialists can help prevent future problems as well as treat present ones. It may be necessary to make extensive use of specialists before and when a child with problems has first enrolled, so the staff will know what to expect and how to start off using correct special techniques.

2/ PARENTS IN YOUR PROGRAM

COMMUNICATING WITH PARENTS

The best way to find out about a child is to ask his parents—they're experts in dealing with the child and his needs. Remember, they've been caring for him for many months or years. If the child has special needs, his parents may have talked with specialists—doctors, psychologists, social workers or physical therapists—about those needs, and they can pass along professional advice and information.

You and the parents in your program need to share information. Parents can tell you what their children are like and what's happening to them at home. In return, tell parents about their children's accomplishments, activities and problems in the day care program so parents can follow up at home.

Setting up times to talk to parents can be a real problem, particularly if both parents work, but it's one of the most important aspects of a good day care operation. Communication with parents should begin even before a child is enrolled, when you describe your integrated program to them and answer any questions they have. A teacher or other staff member should visit a child's home to get acquainted with the whole family. While mothers seem to have the most contact with staff, fathers, brothers and sisters should be involved, too.

Once a child is enrolled, you'll find it valuable to chat with family members when they bring the child to the program or pick him up. Encourage parents to come early or to drop in during the day so they can watch their children. These informal contacts give parents and other family members a chance to see the child in action—this is especially important for the families of special children who may see their child doing things they didn't know he was capable of doing.

Because many parents work full-time, informal contact between staff and families probably won't be enough. You may need to set up more formal times for staff and parents to get together. It's easier for home care teachers to be informal about meetings because they deal with a smaller group of families. Frequent telephone chats or an occasional coffee get-together can help keep the channels of communication open.

QUESTIONS PARENTS ASK

Before parents enroll their child in your integrated program, they'll naturally want to know if it's the right kind of program for their child. Their concerns are very understandable. They want to be sure it's a happy and worthwhile experience for everyone. The following questions are those most often asked by parents.

PARENTS OF CHILDREN WITHOUT SPECIAL NEEDS ASK:

"Will the presence of special children in the classroom upset my child?"

Generally speaking, children don't get upset because they simply don't see children with special needs as different. When they do notice differences they can learn to handle them —sometimes on their own, but most often with the support of teachers and parents. One couple told about their son's integrated experience:

> "Once, we did notice that he was upset by the disruptive activities of one of the very aggressive children. It **did** upset Jimmy, but that doesn't mean that it was bad. It meant that he was working on a problem. He decided to tell the child that he would only play with him if he would stop hitting him. After a few days, they were playing together most of the morning. Upsets can give opportunities as well as problems. If we want

him to be a problem-solver when he grows up, he ought to start when he's young."

One day care teacher puts it this way:

"It's a growing experience for children to see and face a variety of human experiences. They'll face these problems in public school anyway, and it's easier for them to solve them now, before they have preconceptions. Four-year-olds are less likely to have learned stereotypes. They can still treat special children as individuals."

Although upsets aren't common, they do occur. Teachers and parents must be alert to children's possible fears or worries about other children's special problems. For example, if there is a blind child in the classroom, another child might develop a fear that blindness is something he might catch or something that will happen to him if he's naughty. Since some kids can't talk about their fears as well as others, observe them in the classroom and listen to what they say.

Communication between teachers and parents is most important here, because some children express anxieties at home and not at school. If a fear seems to be developing, parents should tell you, and vice versa. The child can then be reassured with facts both at home and at school.

"Should we explain to our child beforehand that there will be children with special problems in the class?"

Please don't. Although parents should answer questions as they come up and be on the alert for possible anxieties, they shouldn't warn children beforehand that there will be "different" children in the classroom. Often as not, such differences are perceived by adults and not by children.

Advise parents not to use labels such as "mentally retarded" with their children. One mother enrolled her daughter, Alice, in a center which integrated slow-learning children, and decided to prepare her child. She told Alice there would be some mentally retarded children in her class. Alice spent the first few days in the center trying to discover who the retarded children were. First, she decided that perhaps Matthew and Jill, the two children who wore glasses, were the mentally retarded ones. She asked her teacher if Matthew and Jill were mentally retarded and was told they were not. Then Alice looked around the room and decided perhaps the children much younger and smaller than she were mentally retarded. When once again her teacher told her this wasn't so, Alice went around the room pointing to each child, asking, "Is he mentally retarded? Is she?" After a few days she just gave up trying to figure it out. By the end of the week, one of her best friends in the class was Andrew, a boy her mother might have called retarded but who, for Alice, was simply a great playmate.

"Will there be fewer activities offered because of the special children?"

Definitely not. If anything, there should be a broader range of activities to meet the needs of individual children. A good integrated program must rely on activities that stress all areas of development—seeing, hearing, talking, smelling, touching, tasting, moving, thinking. This means children will get **more** experiences, not fewer.

"Will my child be neglected because the staff has to spend too much time with the special children?"

A good integrated program makes sure it has enough staff, aides and volunteers so every child's needs can be attended to. Special children are of course not the only ones with needs. Maria is a healthy, bright youngster, but she's very shy and fearful of new experiences. Her teacher will likely have to spend a great deal of time trying to draw her into new activities and situations. In fact, more individual time will probably be spent with Maria than with Christopher, who is mentally retarded but outgoing, explorative and very talkative. Remember too that kids are great teachers of other kids. Christopher's needs will be met in large part by playing with other children who will help him explore new activities and ideas.

"Will my child pick up bad behavior from children with special needs?"

Many parents are afraid their child will pick up bad habits. For example, they'll wonder if their child will become aggressive and wild if there are aggressive children in the class. A child may copy another's behavior for a short time—imitation, in preschoolers, is part of normal maturation and development. Some children may imitate the particular walk of a physically disabled child, the mannerisms of a blind child or the aggressive behavior of another as a sort of trying-on stage, just to see how it feels to be that child. Usually this imitation behavior dies out because the child realizes he doesn't have to act that way to get what he wants or to

have people respond to him.

Another parental fear is that a child will become "slow" in a class with children who are delayed in their development. This won't happen when you're meeting the needs of each child individually and providing a choice of activities for children at various stages of development. Some integrated programs are currently researching this question. Although no study has yet been completed, one day care teacher has observed:

> "In our six-week summer program, we have seen no sign of children picking up the characteristics of the mentally retarded children. We **have** found, however, that the mentally retarded kids were very much upgraded by the patterns of the other children."

PARENTS OF CHILDREN WITH SPECIAL NEEDS ASK:

"Will my child get more specialized attention in a day care program only for children with special needs?"

This is a tough question to answer because it depends so much on the particular child's needs. If his problems are so severe that he needs one-to-one attention at all times, then perhaps a specialized setting is preferable. But integrated settings can be specialized as well. Trained staff with good attitudes can provide specialized attention for all children. If children have needs the staff doesn't know how to handle, community resources can be mobilized so teachers can learn effective techniques. Caution should be taken to assure that specialized attention is given to any child requiring such help, either in a specialized or integrated setting. The child's physician will be able to advise regarding which setting can best serve to meet the child's special needs.

"Will an integrated setting be too pressurized for my child? Will he feel he can't do anything when he sees what all the other kids can do?"

Children with special needs must learn to live with and work around their limitations. The healthy acceptance of limitations is a long, slow process—one which might as well begin when the child is young and has understanding staff and parents to support him. For example, a physically disabled boy may be very distressed and frustrated about his inability to run and jump like the other children. Skilled teachers can help him accept his real and undeniable differences and find success areas to compensate for them. He may not be able to run, and this he must slowly learn to accept, but he may be a great artist or block builder. Finding activities that make a child feel good about himself is important in helping a child accept his limitations.

A good teacher is always on the lookout for situations which might put too much pressure on a special child. But at the same time, she doesn't overprotect him. For instance, Jamey, a slow-learning little girl, wanted to play Drop-the-Handkerchief with a group of kids. Although she didn't understand the rules of the game, she enjoyed being part of the circle and watching the others play. The teacher, watching from one side, saw a boy drop the hankerchief behind Jamey. Knowing she couldn't understand this was a signal for her to run after the boy, she stepped in, took Jamey's hand, and ran with her. This gave Jamey the support she needed without calling attention to her problems, and the children were delighted to have the teacher join in.

It's not unusual for both teachers and parents to imagine a child has limitations above and beyond those that really exist. They may expect too little from him and overprotect him. In cases like this, contact with other kids can be a healthy kind of pressure and a good teaching device.

Five-year-old Sandy is blind. When she first came to the center, she was afraid to play in the playground. Her mother had always discouraged her from playing on jungle gyms and slides because she felt it was too dangerous for a blind child. When Sandy's best friend at the center asked her to play on the jungle gym, Sandy at first refused. "I'm not supposed to. I don't know how," she said. "Come on," said her friend, taking her hand and coaxing her over. Sandy eventually climbed the first few rungs of the jungle gym and felt as if she'd scaled the Himalayas, thanks to a little girl's encouragement and helping hand.

"Will my child be rejected by the other kids?"

No integrated program can promise that all its kids will accept the child with special needs in a compassionate and insightful way. There's always the possibility that someone will say or do something that will hurt a child. ("How come you talk so funny?" or "Gee, you're a dummy!") Teachers must constantly be on the lookout for such comments so they can handle the feelings of both parties as soon as possible. They must help the special child understand the remarks and deal

with his feelings. And a child who makes such comments must have guidance and realistic information about the needs of the other child.

The special child has probably already encountered and will continue to encounter occasional ugly comments all his life from insensitive people. It's unfortunate that special children are sometimes teased and rejected, but if it happens, it's good for perceptive adults to be on hand to intervene and set things straight at once. Support and understanding at this stage can make later experiences easier to handle.

PARENTS OF SPECIAL CHILDREN

Parents experience many joys and many problems in living with their children and watching them grow. But families with special children have likely had more problems to face and struggle through than other families. Your staff should have some understanding of these problems.

Common to most parents of special children is the difficulty of locating services and programs to meet their child's needs. You can help parents find resources in the community or mobilize support for such resources. Parents may need to apply for financial assistance, talk to a family counselor, or have a specialist evaluate their child's problem, and you can help by knowing what's available in your area and by referring them to the appropriate source (see Appendix A for a list of community resources).

ACCEPTING THE CHILD'S SPECIAL NEEDS

Perhaps the most difficult problem for families of special children to cope with is the acceptance of the child's special needs. Every parent looks forward to having a child who is bright, physically attractive and easy to get along with. While there are probably no parents who always feel their child is exactly what they would have "ordered," parents of special children must adjust to the fact that their child is in some ways not what they feel a child of the same age should be. They may at first try to deny that the child has any problems at all. "He may be behind other kids his age, but he'll catch up," is a familiar reaction to a child with learning problems. Eventually they may have to readjust their plans and goals for their child. Acceptance of a child's special needs is the first step toward doing something about them.

NEGATIVE AND GUILT FEELINGS

Parents often find it difficult to accept a child because of his special needs. Seeing teachers, other parents and other kids accepting and valuing the child may make it easier for them to do so. Negative feelings toward the child—feelings of anger, rejection, even revulsion—are normal. Most of us have learned to be uncomfortable with differences in other people, particularly physical differences. We grow up separated from blind, deaf, physically disabled and mentally disabled people. (In fact, many parents' first real contact with such a person may be with their own child.) Moreover, this special child has probably caused his parents much worry, mental anguish, extra time and extra money. It would be abnormal for such parents **not** to have negative feelings about these children. Parents are usually afraid to express such feelings, or they may deny they exist, even to themselves.

Guilt feelings are also common. Parents may feel guilty about their negative feelings, or they may feel that they must somehow be to blame for their child's problem. They may have lived through many agonizing hours trying to figure out why this happened to them, how they were at fault. A mother may feel that her physically disabled son is a punishment for an action in her past which she regrets; the mother of a slow learning child may be convinced his problems are a result of the time she accidentally dropped him on his head; the father of a girl who can't relate weli to people may think his violent arguments with his wife caused his daughter's emotional difficulties. The parents are probably not to blame for their child's needs. But even if their actions partially caused the problem, they certainly never meant to hurt their child.

OVERPROTECTING THE CHILD

Often from the time of his birth, the child with special problems has needed extra help from his parents. It's easy to see how parents and teachers, too, get used to giving this child more help than he really needs. They may do this because they underestimate the child's abilities; because they feel guilty about him and try to make up for this by giving him as much as they can; because they feel helpless and frustrated by his problem and can only deal with these feelings by constantly doing things for him; or for a multitude of other reasons. The parents may also

have kept their child sheltered from the outside world to spare him from rejection by other people. Perhaps they themselves are ashamed of his special needs.

HOW YOU CAN HELP PARENTS

Listen to parents and try to understand their feelings. Let them know that asking for help isn't a sign of weakness. Tell them you, too, will need their help and advice. But when parents ask for advice, don't feel you have to come up with an answer—be honest with them. Don't be afraid to say, "I don't know either. Let's see if we can find out together." You should, as mentioned earlier, know about community resources for special children and their families.

Helping parents accept their child's special needs and overcome their negative and guilt feelings about the child is a very difficult process. Most parents slowly learn to adjust to the situation, but some have great trouble doing so—they may find it helpful to talk to a therapist or counselor who can help them understand and deal with their feelings. You are not, and shouldn't expect to be, therapists for parents. Therapy takes a lot of skill and training you probably haven't had, nor do you have time for intensive counseling.

The best way you can help parents is to accept the child's problem yourselves, and to show the parents you do. When parents see teachers treating Tommy, who happens to be blind, as Tommy and not as "the blind boy"—while at the same time recognizing Tommy's blindness and helping him deal with it—it's easier for them to accept his special vision problem.

In talking with parents, you can acknowledge a child's special need without making it seem like the most important thing about him. Try this approach:

> "I know you're concerned about Jo-Anna's speech problems. We've also noticed she isn't talking as much or expressing herself as clearly as other kids her age. I think your plan to talk to a speech therapist is a good idea. A therapist can really give her special help. We'll try to help here in the center by talking to her and encouraging her to talk more. If we could also talk to the therapist, he could probably tell us the best ways to help her. You know, I enjoy having Jo-Anna in my classroom; she's so happy and cooperative. Those great big smiles of hers really give me a lift. She loves the art corner —she's just naturally good at making things with her hands."

You can help parents get out of the overprotection habit by letting a child do everything he possibly can by himself. If parents get to watch this, or if you tell them what the child has accomplished, they may decide their overprotection is no longer necessary. One common result of overprotectiveness is unintentional neglect of other children in the family. Show an interest in a child's brothers and sisters by talking with parents about them and by involving them in some of the center's activities.

PARENTS CAN HELP YOUR PROGRAM

Seeing that they're really competent to help their child can give parents confidence in themselves. Offer parents the chance to help out in your program. Working with their own and other children is often more helpful than formal counseling in changing attitudes about a special child. As we mentioned in Chapter One, there are a number of ways families can help day care programs.

Many educational activities can be carried out at home by parents and older brothers and sisters. The center or family home can set up a toy and book lending library so parents can take materials home. One center has a special toy shelf for parents to use. Each toy comes with written instructions for its use as a learning tool. For example, you might have a file of idea cards for playing with musical instruments, blocks, puppets, etc. (see diagram on following page).

COMMUNICATION BETWEEN PARENTS

INFORMAL CONTACTS

Contact between parents is an important part of any day care program, but it's especially beneficial to an integrated one. Parents of special children often feel isolated and alone with their child's problems. They may have avoided contact with other parents because of feelings of shame about their child's problem, fears that their child would be rejected, or just pride—a wish not to be objects of sympathy. They may not have had many chances to get together with other parents.

In an integrated program, these parents can share experiences, feelings, concerns and plans with other parents. Listen to the mother of a physically disabled boy relate her experience:

IDEA CARD FOR PLAYING WITH MUSICAL INSTRUMENTS*

1. Let child explore the musical instruments by himself.
2. Play instruments with the child, labeling the sounds. (This is a drum -- boom! This is a bell -- jingle, jingle!)
3. Ask child to close his eyes. "What's this sound?" or "Is this a drum?" Praise child.
4. Tap a rhythm; ask child to play with you.
5. Play or sing a simple rhythm -- have child tap the rhythm.
6. Play increasingly difficult rhythms for child to match.

I had kept Jim at home with me almost all the time for the first three years of his life. He was born without arms and I can't tell you the agony his father and I went through in trying to accept this. He was fitted with artificial arms at an early age, but frankly, I never gave him much of a chance to use them. I guess I had the feeling that he would just never be able to do much for himself, artificial arms or not. He went to a physical therapist weekly who taught him to use his arms, but I always had the feeling when she talked to me that she was just trying to give me a rosy picture of what he would be able to do. Also, I guess I just needed to baby him. I felt so sorry for him, and sometimes I felt so angry that he couldn't have been like other children that I almost hated him. Then I would feel guilty about feeling that way and want to do even more for him. I didn't want him to play with the other children in the neighborhood because I was afraid they would tease him. I never got close with the other mothers nearby, either. I guess I felt they would just be nice to me because they felt sorry for me.

Then last year I just happened to see an article in the newspaper about a day care center which had handicapped kids like Jim in it, along with the other kids. I was worried about him not playing with other children, so I decided to call them up. A teacher came out to visit us and, to make a long story short, Jim ended up in the center during the mornings. In spite of what the teachers said, I was still afraid of how the other kids would treat him, so I hung around the center and watched. They asked him questions about his arms, but they seemed to want to play with him like they would any other kid. He was shy at first because he hadn't been around many children but after a few weeks he began to join right in. Pretty soon he was painting and running around just like everyone else—he was doing things I'd never dreamed he'd be able to do! He made friends with a little, normal boy, Tyrone, and one day Tyrone's mother asked us both over for lunch. That just did something for me. I can't explain it—there they were eating, talking, and giggling like any other two kids in the world. There we were talking about our sons and she wasn't acting like he was different from her son—she had her problems with him, too! I guess that's what did the most for me—talking to the other parents and feeling like I could just get together with them without them feeling like Jim and I were strange. It's really changed our lives.

PARENT GROUPS

Parents can get to know each other in-

* From: The Center for Developmental and Learning Disorders, 1720 Seventh Avenue, South, Birmingham, Alabama, 35233.

formally as they meet at the center or family home. You should encourage parents of all children— with and without special needs—to get to know each other by seeing they're involved in parents' groups and committees. (One program organized their car pool so each car included children with special needs. This gave parent drivers daily contact with different children and their families.)

Parent groups are more organized opportunities for parent communication. An active parent group is helpful to all parents and an asset to the program. Regular meetings allow parents to get together and discuss their children and themselves. Other activities for parent groups are:

"A Day in the Life of Your Child" Night

One center arranged a night when parents came in and did everything their kids did during the day. This gave them a better idea of what their children did with their time and how each activity was designed for a specific kind of educational development.

Dinners

One center hosted monthly dinners during which one teacher volunteered to eat and stay in one room with the children so parents could relax and talk informally over a meal.

Presentations and Discussions

You can discuss various aspects of child development, particularly those relating to the special children in the program, or other topics of interest to parents, in round-table or more formal discussions. Community people with special knowledge about the subject can be invited to lead these discussions.

Workshops

Teachers can help parents arrange workshops on toymaking, arts and crafts and other skills—things parents can do with their children at home. Parents often really enjoy the art activities their own children do in the program, and can use their toymaking skills to add to the center's equipment.

Work Days

Designate a Saturday or Sunday as a time when parents can come to the center or family home and help with whatever needs to be done: making toys, building playground equipment, cleaning, painting, etc. As parents work together, they'll also have time to get to know each other better.

Family Outings

A weekend can be set aside for a picnic for all the program's families.

Fund-Raising Activities

Parents' groups can organize bake sales, car washes, yard sales and many other group projects to help raise money for the program.

Remember that parent involvement in your program isn't just for the benefit of parents. A center with strong and enthusiastic parents behind it—people who have a stake in its success and are committed to it—has a very special kind of unity. Children who see their parents taking an active part in their center develop pride in their own activities. They know their parents care.

3/ GUIDELINES FOR YOUR PROGRAM

A GOOD PROGRAM FOR ALL CHILDREN

Good day care is more than having expensive new equipment and a staff with lots of degrees, although these can be nice. A good program is tailored to meet the needs of the kids—the basic needs of all children and the special needs of individual children.

MEETING BASIC NEEDS*

Every Child Needs to Feel Loved

You can communicate love and appreciation of each child in many ways— as you hold and touch him, as you smile at and talk to him, as you give him care and attention through the day's activities. Being with the same adults every day gives a child a chance to establish a loving relationship. Unhappily, special children may have had experiences which have given them the idea they aren't as good as other children. Obviously, they need more support from warm, understanding adults to help them feel good about themselves. Give them plenty of love.

Every Child Needs to Express His Feelings and to Feel Understood

Children feel many things—love, anger, fear, frustration, to name a few. Babies express their feelings through tears and smiles, laughter and screams. As they grow older, children learn new ways of expressing their feelings, such as hugging and hitting. And gradually, they learn to talk about how they feel. Chris has angry feelings which make him strike out at those around him. He's afraid and ashamed of his anger and the results it brings, but it just seems to make him hit harder. Your understanding can let him know it's okay for him to have those feelings and can help him express them in ways that won't harm himself or anyone else.

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* Research on the basic needs of children has been done by Lewis E. Rath, see Rath, Lewis E., and Burrell, Anne P., **Understanding the Problem Children,** the Economics Press, West Orange, New Jersey, 1963.

Every Child Needs to Feel That He Belongs and Is Accepted

You can help each child feel he has a special place in the center or family home, a place no one else can fill. Do it by giving him a special space, marked with his own name or picture, where he can keep his things; his own crib or cot; his own place at the table. Greet him—by name—enthusiastically when he comes to the center or home, and tell him you missed him if he was away. Encourage him to join in group activities such as singing, storytime or working with other kids at the art tables. Letting him help with special jobs which benefit the whole group, such as passing out snacks, is important for his self-esteem.

Most of all, each child needs to feel accepted as he is, with his weaknesses as well as his strengths. If a child feels his teacher honestly accepts his limitations and still values him, he can accept himself in the same spirit. This is, of course, especially true of special children.

Every Child Needs to Feel Secure and Free From Fear

Children gain a feeling of security in the day care center as they find that their needs are being met by teachers they know and trust. If they know they'll be fed when they're hungry, taken to the toilet when they need to go, or changed when their diapers are wet, held and comforted when they're hurt or afraid, protected from the angry feelings of other children (or from the possibly scary results of their own anger), they'll be able to feel secure. A predictable daily routine is also important: play time, storytime and snack time in a regular order. Children must always be able to count on meals and a nap time when the teacher will help them be quiet so they can rest. Special children particularly need this kind of reassurance. Carmen, for instance, is painfully shy and afraid of things

other kids don't think twice about. She'll need extra holding, comforting, extra protection to feel secure.

Every Child Needs to Feel Independent

At birth, babies are completely dependent, but from then on, growth toward independence has begun. Children need to feel they can do things themselves and that adults trust them to do so. You can help children gain independence by encouraging them to do things for themselves. Sure, you can do a better job wiping up two-year-old Timmy's spilled milk than he can, but Timmy wants to wipe it up and he **can** clean up at least some of it. You can break an egg into the brownie batter with fewer accompanying egg shells than four-year-old Debbie, but Debbie can also help pick the shells back out. Maybe the coats and boots do go on faster when you put them on, but a little less time outside is a small sacrifice for the child who can say for the first time, "I dressed myself!" Jeremy, in a wheel chair, has parents who do almost everything for him. He'll need special encouragement to learn to do things for himself, but when he does master them, he'll have very necessary feelings of pride and independence.

Every Child Needs a Chance to Discover the World

The day care room is rich in materials for discovery, and so is the outside world. You can share enthusiastically in the infant's or child's discoveries and be an interested listener as he talks about his grandmother's visit, the peanut he found on the floor, the men who fixed the telephone, his discovery that mixing all the paints produces a muddy brown color, or the squirrel he saw in a tree on the way to the center. Kids have a natural curiosity most adults have lost; letting them explore their world and giving value to their experiences makes learning the fun it should be. For special children, this may be a little harder. Jenny, who is blind, needs your encouragement before she'll begin exploring the world and discovering things she can delight in. But she can, with you to guide her.

Every Child Needs to Achieve and Feel Successful

Good day care means giving kids chances to experience success. A baby learns to make new sounds and his teachers show delight; the toddler's first toilet training achievements are met with smiles and praise; a little girl paints and makes a tower with blocks for the first time; an older boy climbs all the way to the top of the jungle gym, makes a collage, prints his name, buckles his overshoes. Sometimes just doing these things is enough to give a child a feeling of achievement; sometimes recognition and praise is awfully important ("What a fantastic tower you built, Larry!" or "Ann, that's a really nice job you've done with those sticks."). John, who wears braces and has a hard time walking, feels he can't do most things as well as other kids. He needs special help to find things he can do well, and extra praise for doing them, before he'll feel real achievement.

Every Child Needs a Good Self-Image

This is another way of saying every child needs to know who he is and to feel good about himself. A child's self-image is strengthened as the needs mentioned above are met: as he feels loved and accepted, as he feels that someone listens to and understands him, as he feels secure and successful in his ability to accomplish what he wants to do and solve problems that come up. Tommy was slow in learning and developing and has been a great disappointment to his parents. Your job will be to work extra hard at making him feel loved, accepted and successful.

You can also promote healthy self-images by allowing each child to develop his own individual style and by expressing appreciation about what makes each one special. Tony has brown skin, black hair and brown eyes; he has three sisters; he lives on Center Street; he likes ice cream better than anything; he especially likes to build things at the woodwork bench; he can count farther than anyone in the class. That's Tony. Let him know that Tony's a pretty good person to be.

SETTING GOALS FOR CHILDREN

Young children grow and change quickly. They grow physically larger; they learn to move in new ways and to do many things with their large and small muscles; their language development increases. They learn to speak and understand more and more complicated thoughts; their intellectual abilities expand—so they can understand more about the world around them; they grow socially in their capacity to understand, get along with, and enjoy other people; they grow emotionally in the ways they feel and express different kinds of emotions. While it's useful for us to think of these different kinds of development separately, bear in mind that these areas are all interconnected. Each is a critical part of a child's total development.

You grow one step at a time. You had to

walk before you could run, to speak words before you could form sentences, to play alongside another child before you could play cooperatively with him, to express frustration by crying before you could talk about it.

Each child develops in his own way and in his own time, and this is also true for children with special needs. Your day care center or family home must be a flexible place, full of the activities, materials and warm, understanding people necessary to help a child take each step when he's ready for it.

A good day care program sets concrete goals for each child based on the steps they're ready to take. If a child has a vocabulary of single words, your goal will likely be phrases and then complete sentences. Do this by structuring situations which encourage or require that he link those new words he's learning together. Let him know that's what you're driving at.

You and the child's parents should get together periodically to set up a series of goals for him. These goals give a sense of direction to both staff and parents in their work with the child. Parent-staff cooperation isn't just a term: it's really important for a child to have consistent direction, both at school and at home.

Above all, be realistic in your approach. Use materials and activities already available in the center or home as much as possible. Be flexible too. If a child doesn't want to participate on a particular day, encourage him but don't force him. If, after an adequate trial period, one approach isn't working, try a new one. Look for spontaneous occasions to help each child learn—use breakfast or snack-time conversation to further language goals, for instance, not just your formal language sessions.

GETTING TO KNOW YOU

INTRODUCING THE CENTER

Beth has a special problem. She speaks very little and her words are hard to understand. She's getting speech therapy at a local clinic, but her therapist suggested it might also help if she were in a day care center where she'd have a chance to talk with other children and teachers, rather than being cared for by a babysitter while her mother works. But before she's enrolled, both Beth and her mother need to see what the program's like so they can decide whether it's right for her. Beth should have a chance to get used to the room, the toys, the teachers and the other children, with at least one parent there to make her feel comfortable and secure. Although her mother had to arrange to take a few days off work, she's aware that a good, happy start is very important. Children need the security of gradually getting used to a new place, and special children may need more time. A gradual start also lets parents get to know the center and feel comfortable about leaving their child with you.

Teachers may also need a chance to get to know the child before he begins to come full-time. It's understandable that they may still have fears about their ability to work with a child with special needs, but actually meeting the child helps overcome these uncertainties.

VISITING HOME AND THERAPIST

As we mentioned earlier, visiting the child's home before he's enrolled is a good idea. You can see how he behaves when he's secure and happy. It's a chance to see his favorite toys, learn what he likes and doesn't like, and see how his family deals with his special problems. He'll feel more comfortable with you when his parent can no longer stay at the center, and you'll be better able to talk to him about his family and home.

Meet with the child's speech therapist, physical therapist, guidance counselor or other specialist, if there is one, to get special hints about working with him. You'll find you can often integrate therapeutic exercises into your regular activities or plan group things that are fun for everyone but especially benefit the child with special needs.

FLEXIBLE SCHEDULING

Trial Period

If you're not sure a special child will fit into your program, a trial period is useful. The child can try out the center for a month or two with special attention from staff to help him adjust. At the end of this period, you and his family should decide whether he ought to continue. If you feel another kind of program—one only for special children, or a smaller group—might be better for him, try to help the family locate such a program. Or you might suggest the child try again after he's had more time to grow and deal with his problem. If a child does have to leave the program, a great deal of care should be taken in explaining to him why he's leaving. He mustn't feel this is a failure on his part. Similarly, handle

the separation carefully with classmates by explaining that Sammy is leaving to get special help in his new school, not because he was "naughty."

Part-Time Enrollment

A full day in the center or home might be too much for a child with special needs, at least at first. In this case, have him come half days or for a few hours daily until he's more comfortable.

Special Scheduling for Appointments

Outside appointments, such as for therapy, should be arranged so the child doesn't have to miss the most important activities or his favorite ones. If his parents can't leave work to take him, use a volunteer. This gives the child a chance for special attention from his very own driver.

PROMOTING GOOD FEELINGS AMONG CHILDREN

One teacher we know is often asked, "How are the special children accepted by the other kids?" Her answer is, "Kids are naturals—it's the adults who have the problems!" Children may be curious and ask questions about differences in other children, but they'll probably be able to deal with and accept those differences, especially if you're ready to help them. Adults tend to interpret the directness of a child's questions or comments about another child as insensitive. Such directness may seem insensitive to adult feelings, but the special child may not be bothered at all. In one integrated classroom, a teacher overheard four-year-old Jill asking Billy, "Hey, how come you've only got one arm and I've got two?" The teacher rushed over, ready to protect Billy's feelings, but Billy had calmly answered, "Because I've got one." Satisfied, Jill went back to cooking sand on the toy stove.

Answer children's questions honestly and directly—with both the special child and the other children listening. For instance, if a child asks "Why can't Greg climb the jungle gym with us?" you can respond, "Greg needs to sit in his wheelchair because his legs don't work like ours do. He was born with different legs. He can watch you climb, or maybe he wants to do something else. He's awfully good at building castles in the sandbox."

It may happen that a child becomes fearful about another's problem. If a child repeatedly asks questions about another child, he may be afraid he'll catch a special problem or such things will happen to him if he's bad. Since some children can't verbalize their fears, watch for behavioral signs of anxiety, such as a child frequently watching or avoiding a special child. If you suspect a child's afraid, reassure him at once.

A fascinating problem in integrated programs is that children are often overprotective of the child with special needs. If a child has an obvious problem, other kids, just like adults, may try to do too much for him. Kevin could do almost everything the other kids could do, but they liked to push Kevin around the center in his wheelchair, to get toys for him, to run and get the ball for him when he missed it. After a few weeks, his teacher noticed he'd stopped doing many things for himself: he was letting the other kids wait on him. She began to watch and to step in, reminding the kids that while it was nice of them to help Kevin, he could get the ball himself and throw away his own cup and napkin after snack.

Be on guard for unnecessary exclusions of children. Make sure, for instance, that kids understand that deaf children can't hear their invitations to play, and that silence may not mean a refusal. Show them how to gesture to the deaf child or take him by the hand in invitation. Some exclusions may not be accidental or unintentional. There may be incidents where one child purposely teases another about his problem ("You talk funny—I don't want to play with you!"). In cases like this, discuss with the teaser how such comments hurt people's feelings, and how a speech problem is not the child's fault. Most importantly, point out the special child's strengths. A highly effective device is to involve both children in a joint project where the special child can shine.

Special children may even exclude themselves from activities because of shyness or feelings of inadequacy. Give them a hand with new activities and make sure they get in on the things they do well.

Kids can pick up attitudes about special children from adults, parents and teachers. If you treat a slow-learning child as if he can't learn to do anything for himself, the other kids may begin to treat him the same way. If you baby a physically disabled child, then the children may begin to baby him too. Your own attitude must be positive—warm, accepting and seeing the child as himself, rather than in terms of his problem. Above all, be encouraging. When such a positive

attitude is evident, the other kids will be able to pick it up.

GUIDING BEHAVIOR

YOUR EXPECTATIONS

A teacher recently told us why she couldn't accept special children in her class. She'd like to, she said, but "since you can't expect them to behave as well as other children, they'll destroy the limits I've already set up." This needn't be so. You **can** expect the child with special needs to behave as well as other kids—you just may have to give him more help and enough time to change. Some special children have an easier time following behavior guidelines than kids without special problems; others need more help and guidance in accepting your limits. The teacher who says of an aggressive child who has just broken a window, "That's all right—he can't help it," isn't really helping him or giving him a chance to learn to control his behavior.

Your rules for behavior should be clearly and simply expressed, when necessary. Some children may need to be reminded often. The rules might be: "We don't hurt children; we don't hurt toys or furniture; we help put away the things we've taken out." If you see one child hitting another, tell him, "I won't let you hurt anyone here. I know you're angry but maybe you can tell me why." A very aggressive child may need a great deal of help before he can accept this limit. It calls for your time and attention.

If a child doesn't yet understand language, or if he's deaf there are other ways of saying no. You can shake your head, communicate with facial expressions, or you may need to experiment to find a way to help him understand what you do or don't want him to do. You can also help a child express his anger in various nondestructive ways—yelling at the other child, pounding clay, hammering nails into wood, doing messy finger painting. Try to help him understand that angry feelings are natural, but those feelings shouldn't hurt others.

When a child goes beyond your limits, you want to communicate to him that it's not him but his **behavior** you don't like. Remember that a child should never be called bad or naughty. While the child who hits others may become very upset and cry after being disciplined, he can be assured by the teacher, "I like **you** very much, Robbie, but I don't like it when you hit other children." Putting your arm around him while you talk may show you really do like him.

Don't use a child's behavior as a bad example for others. Never say, "See what a mess Julie left? I don't want the rest of you to be like that." Rather, praise children for their good behavior: "Paul, you did such a good job picking up your blocks!" Children should never be shamed into changing their behavior. If three-year-old Cindy isn't yet toilet trained, don't exclaim, "Three years old and not toilet trained yet!" Cindy should be quietly changed in a room away from the other children so they won't tease her.

Shaming and using a child's behavior as bad examples are both negative approaches to discipline. Instead of negative thinking, take a positive outlook. Don't just say "No!"—tell a child, "You can't do that, but you can do this instead."

REINFORCING GOOD BEHAVIOR

One positive approach is reinforcement of good behavior. It means rewarding children for acceptable behavior and withholding rewards for unacceptable behavior. Rewards might mean special attention or praise. Some teachers use other kinds of rewards, like allowing children to do special activities. Since kids want attention, praise and privileges, they'll want to behave so they get your rewards. Unacceptable behavior is ignored or corrected. Most teachers use this method of guiding behavior without even thinking about it. It works well because it's positive in its approach—it really encourages children to behave in ways that are good for them.

Reinforcement seems simple and it is simple. In order for it to work, however, you have to be consistent. If a child is sometimes praised and sometimes ignored for helping put away the toys, he's less likely to keep putting them away than if he's almost always rewarded. How can a busy teacher manage consistently to be aware of and praise each child's behavior? You probably can't for all your kids, but you can use this technique with children whose problems seem most severe. All of the teachers in the program can be asked to watch for certain behavior in special children and to reward it appropriately. This may seem difficult, but bear in mind that it probably won't be necessary for very long. The point of reinforcement is that the child soon begins to behave appropriately without rewards from you. It's a gradual process: after awhile the child won't need to be rewarded as often as he did at

first—you progress from consistent to occasional rewards, and finally to no rewards as the improvement in his life becomes the child's reward. By this time, the new behavior is automatic.

Teachers in integrated programs tell us that children themselves are very helpful in guiding each other's behavior. Children don't want to play with kids who constantly hit them or mess up their activities. A child will learn he can't do these things if he wants to be friends with the others and join in their play. When children are overwhelmed by an aggressive child who tries to hurt them, you might even suggest that the other kids tell him they won't play with him unless he stops hitting.

Finally, as one teacher put it, "Don't give up!" If a child seems to have a hard time controlling his behavior and getting along in the classroom, give him time. There are reasons why he behaves as he does, and it's taken him quite awhile to learn how to behave that way in the first place. Give yourself time to understand him and help him change, and give him the chance to change himself.

STRUCTURE OR NOT?

There's a lot of talk these days about structured and non-structured programs for children, and not everyone agrees about what these terms mean. Some people think of a structured program as one in which children are organized into groups which are continuously engaged in teacher-supervised activities. They see non-structured programs as ones in which children can do whatever they wish all day long. Actually, very few programs fall into either of these extremes. Most are a mixture. A program which is structured usually has more time planned for teaching specific things to its kids, either individually or in groups: a non-structured program sets aside more time when children can choose whatever activities they want to do.

Even the most unstructured program really has some structure built into it, in the sense that a child's choices about what to do are partly determined by what activities and materials are available to him. Many non-structured programs involve very careful planning of what materials to provide at what times.

A structured program may be based on various concepts taught at specific times of the day, but there's lots of teaching in unstructured programs too. Here, in a less formal way, teachers stimulate children's interests in educational materials and provide them with support and information about the things they're interested in learning or doing. If you teach a child how to use a certain toy, you're providing some structure: once the child knows how to use that toy, he has a skill he can apply by himself in an unstructured situation.

It's been suggested that special children need more structure than children without special problems. Again, this depends on what the child is like and what his special needs are. Some kids have trouble choosing activities and then following them through by themselves. Others may be easily distracted by everything that happens around them, and still others can't sit still during a story or participate in group activities. Some kids may have had few opportunities to explore and play with many of the materials in your classroom—they may not know what to do with a toy once they have it in their hands. All these children may need more structure than others.

You can tell if a child needs special guidance in using materials simply by watching him. (It's better not to start directing a child until you've watched him enough to know just how much help he needs.) Some kids just need time to wander around and get used to the program before they feel comfortable enough to plunge in. Begin by letting them float around, and notice what activities they're attracted to and what they do when they find something they like. Watch them awhile and then decide how much structure they'll need.

HOW TO PROVIDE STRUCTURE

Since all kids benefit from some structure, we're really talking about providing good learning situations. There are lots of ways to do this:

Begin With Your Classroom

The classroom should be arranged by activity areas to make it easier for children to choose and get involved in one activity at a time. Room dividers or partitions between areas will help kids who have a hard time shutting out distractions. This kind of classroom arrangement also helps guide children's behavior. If a child knows that in the reading corner he must quietly look at books or play with puzzles and in the art area he is to participate in or observe art projects, it will be easier for him to get involved. He'll know what's expected of him in different parts of the room.

Don't clutter the classroom with too many materials–this only makes it harder for kids to choose and play with any one thing. Select and display only the materials you want the children to use on a given day. This is actually another way of structuring the curriculum.

The classroom should also have places where kids can be alone when they want or need to be. It may be a large chair in the corner, a little house, or a special room where a child can be alone with a teacher.

Grouping the Children

It's also easier for children to get involved in activities if there aren't too many other kids around. If you can, keep groups fairly small. This will mean fewer distractions for the children and should also make it easier to hold their attention during stories, music or other group sessions.

Work With Children Individually

A child who has difficulty concentrating on or following through with an activity will probably gain more from individual structure than from group structure. In general, you'll allow a child to pick an activity which interests him and then help him learn from that activity. At other times, you may want to guide a child's learning by suggesting certain activities or by working with him to help him learn a specific thing. These specific things will vary depending on the interest, ability, needs and stage of development of the child, as well as the philosophy of your program. One child may need to be taught to button his coat, another may need help learning how to paste macaroni on paper for a collage. You may decide a certain child will benefit by learning to recognize different shapes, colors and sizes.

Individual instruction takes many forms. It may mean just being with a child and supporting him as he works; it may mean deliberately teaching him a certain skill or idea. The method of teaching you use will depend on the child. Some kids may just need to be shown things once; some need repetition. Some children almost never need your guidance in choosing what they're going to do; others may almost always need it. Take your cue from the kids themselves.

ACTIVITIES OF THE DAY CARE DAY

Having a variety of activities means that kids can develop in several areas in their own time and their own ways. If you know what various activities can do for your kids, you'll be able to do a better job of seeing they get special help where they need it.

ARTS AND CRAFTS

The art corner is a busy, exciting place in most day care centers. Art can take many forms for young children: easel and finger painting, printing, crayoning, cutting, pasting, sewing, carpentry, weaving, sculpturing. Children usually love art activities; they also learn and develop through them. Remember, it's the **process** of painting, pasting, sculpturing, etc. that benefits the child; while everyone may admire the finished products, these products shouldn't be the main goal of your art program.

Art activities allow each child to express his feelings and ideas in his own way; to experience mastery in exercising a skill and in creating something beautiful; to develop his senses as he experiments with new materials; to develop finer coordination of muscles.

These experiences may be especially important for a child with special needs. If he has trouble with speech, art activities give him another way to express himself. If he's had few chances in his life to feel successful, art projects can let him experience success at being able to paint, paste, mold clay, make a picture. A child with muscle coordination problems can improve his control while doing things he enjoys. A child can release aggressions by using clay or paint rather than pounding another child or hurting himself.

Here, as in other areas, extra support and encouragement may be necessary for special children to develop and express themselves freely. Resist the temptation to do something for the child; instead, encourage him to do it his own way. Praise his efforts often ("I like the way you pasted the shapes in this picture!"). If he's frustrated by not being able to do something, (cutting with scissors, pasting two pieces of paper together) you may want to step in and help him learn that skill so he'll be able to make things for himself. But never push a child to learn a skill he doesn't want to learn. Art should be self-directed: if a child is enjoying art activities, he's also learning and developing at his own rate.

MUSIC

Music activities are a part of most day care programs in one form or another–singing, listening to records, dancing, rhythm bands, or

creative movement. While many programs have a special time of the day for music, it can happen spontaneously throughout the day as a child or teacher begins humming a tune or as music is put on the record player to paint or rest by.

Most kids enjoy music and will respond with interest to these activities. Through music, they learn to listen carefully and to distinguish sounds, pitches, rhythms and words. Group music activities are a way for kids to feel close to others by sharing an enjoyable experience. Music is another way to express feelings and ideas. Music can stimulate or it can calm.

Music can be enjoyable for a child with visual problems who may be very sensitive to sounds and won't be hampered by visual problems in most of these activities. A child with hearing problems can practice discriminating among sounds, and a deaf child can participate in rhythm and creative movement activities. One with emotional problems can express his feelings through music, especially creative movement, and may be comforted by the soothing sound of a favorite song.

You may even learn more about a child's special needs as you watch him during music and creative movement activities. To make him feel at ease, play his favorite songs or have the group sing them. Play his favorite record when he's having a difficult day. And, of course, praise a child's attempts to express himself through music.

LANGUAGE DEVELOPMENT

Language development goes on almost constantly in a good day care program. If there's lots going on. there's lots to talk about. Kids should be talking about their ideas, their feelings. what thev do at home and school. Story reading is a regular activity in many programs; there may be a reading corner where children look at books by themselves or have stories read to them. Other language activities include acting out stories. finger plays or songs. You can use pictures, flannel board shapes, games and various objects to talk about and teach new words (animal names, colors and shapes) or new concepts (size relationships—which is bigger? which is smaller?). Some day care centers use planned language development programs such as the Peabody Language Development Kit.

As a child's language develops, his ability to communicate with others increases. This in turn gives him new feelings of competence and skill, and increases his general intellectual capacity (language development and the ability to understand are related). A child's attempts to express himself verbally should be encouraged. If a child's pronunciation is not perfect or if his language is non-standard English, he should not be constantly corrected. This will only make him more self-conscious and less willing to express himself.

Some language development activities are valuable not only for their contribution to increased language capacity—stories also bring unlimited possibilities for enriching a child's life by stimulating his imagination and adding to his knowledge. Books can truly be the key to the universe for a child. Stories can also be an emotional release. As he experiences intense emotions along with the story's characters, a child feels closer to other people and can handle his own feelings better. A book about something the child fears (going to the hospital, for instance) gives him a chance to practice experiencing that fear in a safe place, and this can make the actual experience much less frightening.

Children with special needs can benefit from language development activities too, particularly if there are speech or special language problems. A child with emotional problems may profit from hearing stories embodying his concerns. All the kids benefit from hearing stories about similarities and differences between people, and this can smooth the way for a child with special problems, (see annotated bibliography of children's books in Appendix C).

IMAGINATIVE PLAY

Imaginative play or dramatic play (or good old-fashioned pretending) is one of the child's most comfortable ways of "being" in the world, a way of expressing ideas non-verbally before he has a command of words. Imaginative play gives kids a chance to identify with adult roles by acting them out in a reassuringly child-centered setting. It gives them a chance to understand and control their emotions—fears can be managed easier when they're brought into a make-believe situation. Imaginative play promotes cooperation between kids too, and helps them realize that other people experience the world as they do. It's also good as problem-solving and decision-making practice. Since children with special needs often have more problems than other kids; they may find special value in imaginative play.

You can learn a great deal about each

child by watching his imaginative play—things like his self-concept, his strengths and weaknesses, perhaps even his worries become evident. Although your role in dramatic play is usually not an active one, you can stimulate new kinds of play by the materials you provide and the suggestions you make. A shy girl who prefers to watch from the sidelines may need suggestions from you. If she's visited a farm over the weekend, you can capitalize on this knowledge by giving her a pile of blocks and toy animals and suggesting she build a farm like the one she saw. You might also want to stay with her and encourage her play. A teacher's genuine interest and occasional participation can build up a timid child's confidence.

The housekeeping area is often where children dramatize the roles they're most familiar with: they can become mothers, fathers, babies, doctors, storekeepers, postmen. By trying on various roles, children learn what it's like to be somebody else. They're also free to express emotions or needs—a little girl with a new baby sister can be the baby herself and get lots of needed attention; the boy who is ordered around at home can play mother or father and do the ordering himself.

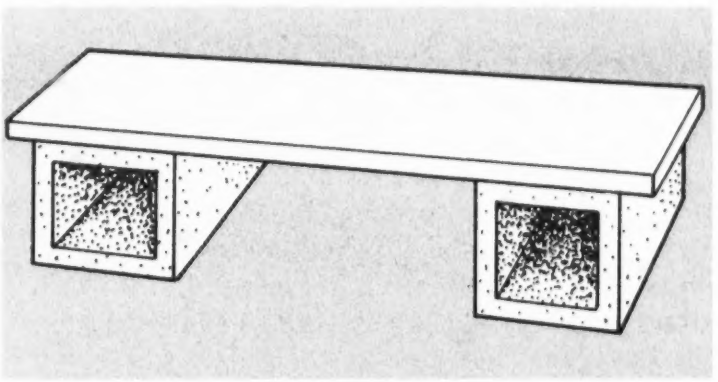
Blocks, cars and trucks encourage imaginative play of a different kind—kids build roads, houses, whole cities, and then destroy what they've built with a sweep of the hand and a heady sense of power and control.

The water play tub means an ocean to sail ships on, a lake to fish in, water to wash dishes and clothes in. The sandbox can also fire a child's imagination—with kitchen utensils, kids can measure, pour, pretend-cook; small cars, trucks, people and animals will of course need elaborate roads, cities and farms; small sticks become trees growing in a forest.

INDOOR AND OUTDOOR LARGE AND SMALL MUSCLE ACTIVITIES

Because a child's muscular development improves rapidly in the preschool years, many day care activities are designed to help him practice muscle coordination and control. Small-muscle coordination usually develops naturally through indoor activities such as painting, coloring, pasting, looking at books, and playing with small puzzles, games and toys. Large-muscle coordination improves as kids play with large blocks and balls, move chairs and tables, or run around the room.

The playground and its equipment can also help develop large-muscle coordination. Jungle gyms, swings, tricycles, pull or push wagons, and running, hopping, skipping and jumping games all exercise young muscles. A balance board, made by resting a long piece of 2 x 4 lumber on two supports, such as cinder blocks, can also be very useful (see diagram). Playground play not only develops balance and muscle coordination, but also encourages cooperative play, since kids seem to have fun doing these things together.



Some of your special children may have coordination problems and will benefit from muscle-coordination activities. The balance board encourages arm and leg coordination as well as balance. The jungle gym exercises both arm and leg muscles. Ball and bean-bag throwing develops arm-hand-wrist and eye-hand coordination. Swings help develop the large back muscles. Tricycles, ladders and slides are good for leg muscle coordination. Pull and push toys, punching bags and rope swinging help coordinate back and arm muscles.

You can also develop exercises yourself, using rhythms or music, for your special children. Since the others will enjoy them, do them with the whole group. A child with arm-coordination problems may enjoy playing "Simon Says" or doing rhythm activities which rely heavily on hand movements.

DIFFICULT TIMES OF THE DAY CARE DAY

Certain times of the day are difficult for kids; for those with special problems, they may be even harder. The issues identified here should be discussed fully with parents at admission time. Don't wait until the child is in the program and the difficult times arrive to talk with parents about them.

"LETTING MOMMY OR DADDY GO" TIME

All young children have some difficulty seeing their parents leave when they first begin in a day care center (or, for that matter, in kindergarten). A child with special needs may, for a variety of reasons, be especially attached to his mother or father, and/or especially afraid to let them go in the morning. He may also be shyer about plunging right into whatever activities are going on. One teacher should plan to greet this child every morning, talk to him, and stay with him until his parent has gone and he finds something he wants to do. Sometimes kids need to start with the same activity every day to make them feel secure. Two-year-old Janey shyly looked at her feet and went straight to the play dough table every morning. She'd sit down, grab a hunk of dough and squeeze it in her hands for a few minutes before she had the courage to look around the room. If a child needs a certain material or activity to start the day, make sure it's always there. If he doesn't gradually give up the activity by himself, help him by slowly substituting a new one. (But let him know ahead of time what you're going to put in place of his special thing.)

TOILET TIME

Toilet trained or not, children have a variety of attitudes about going to the toilet. Some may have been punished for accidents at home and may associate toileting with guilt and fear. Others may have been rewarded for going in the proper place and have feelings of pride about it. Parents often communicate feelings of disgust about bowel and bladder functions to their children.

Children who lack general physical coordination may have problems controlling their bowel and bladder movements, or undressing themselves and sitting on the toilet. If other kids their age are going by themselves, they may be ashamed of their lack of control. Blind children are sometimes afraid of going to the toilet because they can't see what's happening and may be frightened by the loud flushing noises.

Make a point of finding out each child's feelings about bowel and bladder movements and about going to the bathroom in general. Some kids may **need** to have an adult with them to help; others might just **want** to have an adult with them; still others prefer to be left entirely alone, with no children or adults around. As mentioned earlier, if a child with control difficulties is wearing diapers when others his age are toilet trained, you can help him by always changing his diapers in the staff room or other private place to avoid possible teasing.

SNACK AND LUNCH TIME

Food and eating can also mean different things to different children. Some kids may associate food with security—they may grab at food or cry because they're afraid they won't get enough to eat. Other kids may not eat much because they're distracted by the conversation and activity around them, or because they've found refusing to eat is a way of getting the attention they need.

Some eating problems may be due to a lack of physical coordination. Children may be unable to handle a fork or knife or have a glass of milk without tipping it over. They'll need your help. Again, try to be aware of each child's feelings and problems with eating. Perhaps giving a child a certain place to sit every day at mealtime will give him the security of knowing he has a place to eat, a place where he'll invariably get his food. Plan to sit next to children with special eating problems and talk to them about general topics—they'll be getting individual attention, they'll be comforted and reassured, and you'll be stimulating language development.

NAPTIME

Especially at first, children often have trouble going to sleep or resting quietly in a center or day care home. They're used to sleeping in their own beds, and they're not usually around a lot of other kids when they try to rest. Some kids can't settle down simply because they're afraid they might miss something.

Three-year-old Jeremy refused each day to sleep during naptime. He sat stiffly on his cot, rubbing his eyes and fighting sleep. He'd respond to a teacher's suggestion that he lie down and rest with a flat "No!" and to further suggestions with tears. One day his teacher quietly took Jeremy aside and asked him why he didn't like to sleep. He burst into tears and said, "Mommy and Daddy will come." "You think Mommy and Daddy will come when you're sleeping?" she asked. "Yes, and then they'll go away." "You think they won't see you if you're asleep and leave without you?" Jeremy nodded and sobbed violently. The teacher's reassurance that if Mommy and Daddy came, she or they would wake him up brought more violent sobs and denials.

After school that day, the teacher spoke to Jeremy's parents. That night, they convinced their son that they would always wake him up and never leave him in the center overnight. When the next day's naptime rolled around, Jeremy fell asleep immediately and slept for several hours.

Talk to a child's parent about his sleeping habits. Some kids just don't seem to need as much sleep as others; some get more sleep at night. If a child really seems to need sleep and has a sleeping problem, try to stay near that child during rest time.

Some day care programs use quiet music to get everyone in a relaxed mood at naptime. It also helps to precede naptime with a low-key activity such as story reading or telling to let kids wind down. Some centers separate children who really do need to sleep from those who don't. The latter can talk quietly, look at books, play with quiet toys without distracting resting kids.

END OF THE AFTERNOON: THE FIVE O'CLOCK AWFULS

The end of the day is a hard time for children and teachers alike. Almost everyone is exhausted and many children may be cranky. It's at this time that a child's special needs are most likely to be displayed. Children with language difficulties may regress to more baby-like speech. Aggressive children may hit more. There's likely to be more crying at this time of day.

Make this a relaxed time. Turn on the TV set and let the kids watch a children's program, or bring out special storybooks. Some kids enjoy singing at this time. One center found that large block building was good at the end of the day—aggressive children can put energy into building, shy children can build a house and retreat into it, children can use the blocks in all kinds of imaginative play. Kids may also need extra warmth and cuddling at this time of day. And a small snack such as a teaspoon of honey, a cracker with peanut butter, or a piece of apple can give needed energy without spoiling supper appetites.

HOW GOOD A JOB ARE YOU DOING?

Evaluation—the process in which we regularly ask how well are we doing? how can we improve?—takes place all the time in a good day care program. It's done at the end of an activity, at the end of the day, the month, the year. Good programs are continuously trying to meet the goals they've set for each child and for the program as a whole.

The whole idea of evaluation makes some people nervous—they don't want people criticizing their program or trying to prove they're not doing a good enough job. But that's not what evaluation is all about. The basic purpose of evaluation is to provide regular feedback to your program in order to improve it, not to prove whether it's good or bad, right or wrong.

Evaluation must take place over time. It's a little like taking movies. Watch films of Anita on her first and second birthdays and you'll see dramatically how she changed during that year—she grew physically larger, her hair grew longer, she learned how to walk, she could blow out the candles on her cake by her second birthday. If all you had was a still photograph of Anita age 1, you couldn't really see how much she'd changed. You'd need a series of pictures, taken over time, to see whether changes had occurred. You can put together your own pictures of children and your program without expensive cameras. You'd compile your pictures by recording your observations and by constant evaluation.

EVALUATING CHILDREN

How can you evaluate whether a child has developed in your program? Growth of this kind is hard to measure because it's so individual. Progress for one child may mean learning to quiet down, progress for another may mean being able to speak up. There are no exact measures of growth or progress. You simply have to use your own judgment. Observe the child from the very beginning and continue to do so throughout his stay with your program.

Ideally, evaluation starts even before the child is enrolled. When you visit his home (or he comes to you) and you talk with his parents, ask them what he's like, and where he is physically, mentally, socially and emotionally. His parents will provide the first pictures in the series you'll be compiling.

During the first few weeks of the program, while he's adjusting, your observations will likely seem erratic. They'll soon settle into a pattern you can see. Ask yourself and his parents, after a suitable amount of time has elapsed, questions like these to check his adjustment:

- does he seem generally happy? does he smile and laugh? or does he seem sad, depressed?
- does he like coming to the center? or does he

play sick many days or come reluctantly?
- does he seem happier outside the center than inside?
- does he get involved in activities? or does he just wander around or watch most of the time?
- has he made any friends at the center?
- does he spend most of his time alone?
- has he been excluded, rejected or teased by other children?
- does he go unnoticed because he's so quiet and accommodating?
- has he disrupted the activities of others or the program as a whole?
- has he bullied, frightened or intimidated other children?

Keep these questions in mind as you work with your children during the first few weeks. At the end of this period, parents and staff should get together to decide, on the basis of these or similar questions, whether your program is the right one for the child and whether you feel you can help him.

While you're assessing, assess what the child **can** do at the center, not just what he can't do. For example, when three-year-old Jose's parents and teacher got together to check his language development, they asked:

- does he seem to understand what you say?
- can he make his wants known efficiently?
- does he verbalize his thoughts and feelings?
- does he speak clearly?
- how many words does he know?

They asked similar questions about his social, emotional, physical and mental development too. Putting together information from home and school, they recorded what Jose could and could not do in each area. In the following months, his parents and teacher chose activities specifically aimed at helping him where he was having trouble. Evaluating his progress meant seeing whether he was improving in various areas. By repeating this process throughout his stay, the center compiled a record of his progress and its staff was able to tailor a program for his changing needs. There are many child development books and manuals which cover the different developmental areas and their stages (see Appendix C).

Some programs use more formal methods of evaluation of each child's progress. There are many tests available to measure gains in the different areas of development. Consult with a psychologist, a child guidance clinic, a college department of education or psychology, or a guidance department in a school system to find out which tests are appropriate for your needs. Most tests that are readily available require administration by trained professionals.

RECORDING YOUR OBSERVATIONS

Don't wait until the end of the day or week to get your observations down on paper—you're likely to forget important points or even whole incidents. Obviously, you can't always jot down your thoughts immediately—especially when you're up to your elbows in finger paint. But it's handy to have a central log or journal in the center where staff can write down their observations as they happen or as soon after the event as possible.

What should you note? Any event which seems significant at the time. If Carol buttons her coat all by herself for the first time, get it down. If Martin has three temper tantrums in the course of a day, the time and circumstances under which they happened should be described. If Kenny seems less lively today than usual and his face is flushed, you ought to note it. All of these little events, taken singly might not mean much: put them together, however, and they form a composite picture of the child over time.

Here are excerpts from a teacher's notes at the Merrimack Day Care Center in Concord, New Hampshire:

David B.—February 25: David started here Monday. His initial adjustment seemed very easy. He participates in just about all the activities of the class. He listened to stories and looked at books by himself. He is not able to do even a three-piece puzzle, but this will probably develop.

He is strongest in the social areas, takes great pleasure in interacting with people, especially adults. The children either ignore him or seem to be fond of him (kissing him and talking to him). He does not initiate many contacts with the other children yet. He kisses Peggy when he leaves.

When I gave him 10-inch cubes, he took them all and then gave them to me one by one, waiting for my reaction after each one—very social! Can build a 10-cube tower—good fine-motor coordination. He understands almost everything you say to him, but doesn't always respond to his name when called.

February 27: We worked on two puzzles (three and four piece) and 10-inch cubes. David was

able to do the three-piece puzzle after some working on it. Recognized glass of milk in four-piece dairy puzzle and said, "Milk." David babbles quite a bit and I'd expect he might start talking within the year.

March 1: David says "goodnight" in response to a picture of a girl sleeping, "milk" to a picture of a glass of milk. Long attention span—15 or 20 minutes on a puzzle or story.

March 3: David copies horizontal lines, vertical lines, a circle, and is almost ready to copy a square—looks like this: . This is almost up to age level.

May 3: David has become increasingly active and sensitive to his environment. He reacts to almost everything—for example, when picking up a cylindrical block he will roll it along flat surfaces (does not try to roll square blocks). When he finds a thread, he holds it up before his face and blows it to watch it move.

He loves to climb in front of a person while holding onto both their hands. This is a good alternative thing to do when he raises his arms to you to be picked up. Babbles and sings almost always. One of his favorite things in the classroom is the piano. He plays notes and listens; seems very gratified that **he** produced it.

It's particularly useful for one teacher to now and again spend a day observing each child in the program for 10 minutes or so, writing down everything the child says and does while he's involved in an activity. When this is done monthly or more often, a picture of the child's thoughts, feelings, actions and growth will evolve.

Here's such an observation by a teacher at the Merrimack Center:

March 24, 9:52 a.m.: Merle has been sitting on the floor for several minutes with blocks in front of her but not using them. She is watching the older children at the table and the teachers talking to them—walks over to them and looks into a bowl in which a worm is squirming about. Stands for another minute watching adult faces and children's movements. Is lifted to window by teacher but does not look out—plays with dress, lifting it up and twisting it.

Mandy talks to Merle, bending over her to speak. Standing sucking index finger. When story is read to her, she lies back on me and seems to enjoy the physical contact but looks off into space and does not seem to be listening.

Joyce and Connie have convinced Merle to play house—she is the "baby" and is much manipulated as if she were a doll—carried about, etc. Connie and Joyce are occasionally annoyed that she has a will of her own, unlike a doll! Joyce helps her undress doll. Merle dresses and undresses doll. First real spontaneous play so far!

MAKING GOOD USE OF YOUR WRITTEN OBSERVATIONS

Your observations won't be good for anything unless staff and volunteers refer to them. New teachers will find it particularly helpful to read through your accounts. They'll get a sense of who each child is and where he is in the program.

All teachers—old and new—should refer to the log when they're puzzled by a child's behavior to see whether he's acted that way before, how it was handled, whether the solution worked. The log should be a vital source of information for staff meetings and for conferences with outside specialists. Good written observations can provide those living pictures so necessary for evaluation.

OTHER INFORMATION ABOUT THE CHILD

You can also keep samples of children's artwork to see how they are progressing. Some programs periodically encourage children to tell an imaginative story which they record and keep in a special file to give some indication of changes in the child's concerns. It's also a record of language development.

Programs which formally test children's growth as part of their evaluation will want to keep the test results in the child's folder, along with any testing results or information from outside sources. (See page 50, "The I.Q. Score") Use this information in addition to your written observations.

EVALUATING YOUR PROGRAM

Using the same techniques discussed above, you can evaluate your program as a whole. These questions can help staff evaluate how good a job they are doing and may point up areas where they could improve. At the end of a day, ask your self:

- how did the day go?
- did the kids seem to be involved in the activities?
- if not, which children were least involved? were they just having a bad day or were they bored? did I offer them enough of a variety of materials

and activities?

- were there any difficult times or problem situations today? why were they difficult? how were they handled? could they have been handled better?

More general questions to ask at the end of a week, two weeks, or a month:

- on the whole, have we been able to meet the individual needs of most of our children?
- do they seem happy?
- have they gained in language development, problem-solving, general intelligence? (some centers use formal tests to measure growth in these areas)
- have they gained in motor development?
- have they progressed in the abilities to get along with others?
- do they benefit from teachers without depending too much on them?
- are **we** happy? do we enjoy the children?
- are we able to handle special problems as they arise? do we need special help or training? do we have a good in-service training program? are we growing in our abilities to understand, teach and appreciate the children?
- have we involved parents in our program? have we been able to meet their needs?
- how are we using our resources—funds, space, equipment, staff, volunteers, professional experts? could they be used better?
- have we reached out into the community for advice, referrals, volunteers, funds, resources?

Ask parents for their evaluation of the program too. You'll find out what they like and what they're dissatisfied with. Some programs request that parents fill out a questionnaire about the program at least once a year. One particularly useful question to ask is whether they would enroll their child in an integrated program again if they had that choice. Their reasons for choosing or not choosing your setting will be very helpful for your own planning.

WHEN A CHILD LEAVES: THE FOLLOW-THROUGH

Larry, who can't see; Carlos, who can't walk; Mary, who can't hear; Jimmy, who can't learn as fast as other children: you've had a chance to be with these children in your center or family day care home for awhile now. You've taught them and learned from them; they've shown you every day how many things they can do. As they get older, as you watch them grow, you start to wonder what will happen to them after they've left you.

How do you know when it's time for special children to leave the center and go on to another school? You know in the same way you know when it's time for other kids to leave—you've kept track of their progress in your program, so you know when they've acquired the skills they'll need to learn and to be happy in another school. Children usually leave a day care center or family day care home to go to another early childhood school, to a kindergarten or first grade. Some special children are ready to go on to kindergarten or first grade when other kids are; other children's needs may delay their development in certain areas and they may need to spend an extra year or two in a center or family day care home.

You should be aware of the community's schools and their policies regarding children with special needs. Some school systems have specific classes for special children, especially those with learning problems; other systems integrate these children into regular classrooms. Some communities have private schools, such as schools for the blind or the deaf. Talk with the different schools in the community and also encourage the child's parents to do so. Together, you, his parents and school representatives can determine what kind of school would be best for the child. If the system's policy is to place children with special needs in a special class, but you feel the child would do well in a regular class, you might be able to play an active role in getting that child integrated into a regular classroom.

Once a decision has been made about where the special child will go to school, tell his new teacher all about him so she'll be able to pick up where you left off and so the transition for the child will be smoother. You'll want to pass along your perceptions about:

- the child's special problem
- his health
- his special abilities
- the areas in which he needs special help; how to help him
- his likes and dislikes
- his personality—shy, outgoing, etc.
- his feelings about leaving his center and his new school
- how to help him feel comfortable and happy in a new situation

You might suggest that the new teacher try to arrange her schedule so she can observe the child while he's still in the center. She'll get firsthand knowledge about him and it may also minimize any doubts she has about having a special child in her classroom.

Once the child has started in his new school, the center or family day care home staff may want to keep track of his progress there. If he has any problems, they might be able to help solve them. Information about the progress of children will also help you evaluate your own program. And, of course, staff will want to know what's happening to their special children. The day care center or family home might want to designate a liaison counselor to keep track of special children or all children who leave the program. This counselor can be a staff member, a parent or a volunteer.

4/ WAYS TO HELP CHILDREN WITH SPECIAL NEEDS

What follows in this chapter are general suggestions. There are no guarantees that they'll work with every special child, but they've helped many. The books listed in Appendix C will give you more specific information about special problems and can help your staff prepare to work with children with special needs.

If you suspect a child has special needs but aren't sure what is specifically the problem, you might read through the different sections in this chapter to see if the special behaviors described are similar to your child's. For instance, you might find that a child's needs are like those associated with learning disabilities. Your next step would be to contact his parents and then seek the advice of specialists in your community. You might also try some of the suggestions listed to see if they work with him.

Don't expect to have time to follow all of these suggestions or to deal with all types of special needs in your program. It's helpful, at least in the beginning, to integrate children with one type of problem—for example, one or two children with visual problems or one or two mentally retarded children. When you've learned how to help these children, you might then consider including additional children with different needs.

HELPING VISUALLY-IMPAIRED AND BLIND CHILDREN

Relatively few children have total blindness. Blindness is a complete lack of vision, or the inability to see anything—colors, shadows, shapes, darkness, or light. Most special children with visual problems are visually-impaired children who have slight vision. Some can see very small objects held close to their eyes; some can see general shapes of things but not the details. Visually-impaired children can learn to use whatever vision they have left, which is called the residual, if they get a great deal of visual stimulation. If they're not encouraged to use what vision they have, their residual vision will deteriorate. If they can see bright colors, then they should be taught the colors with brightly colored clothes, toys and books. If they can see large objects held up close, they'll need large books with big pictures, large blocks and balls to play with.

PHYSICAL DEVELOPMENT OF BLIND AND VISUALLY-IMPAIRED CHILDREN

Blind and visually-impaired children go through the same stages of physical development normal kids do, but sometimes at a slower rate. Starting when they're very young, they often need encouragement to exercise the muscles they'll need for sitting up, creeping and walking. Even before a baby learns to sit up or creep, he must be able to lift and hold his head up when he's lying down. Sighted children naturally lift their heads at a certain age because they're curious about the sights around them. Visually-impaired and blind children are often slow to lift up their heads and exercise these muscles because they can't see what's there. They must be motivated by sounds, not sights. Hanging objects with different sounds above them in the crib or playpen encourages these children to raise their heads. Mobiles with bells, noisy rattles and wind chimes are great motivators.

Often children with visual problems must also be motivated to creep and walk, since they won't reach out into the unknown unless they've got a reason to. Encourage them to move toward toys with interesting sounds and textures. Some blind children are afraid to explore their surroundings because they can't see where they're walking and often bump into things—have them practice in areas that aren't too busy and cluttered. If furniture and equipment stay in the same places from day to day, a child can have a feeling of stability about his surroundings and he'll gain the confidence to explore. When things must

be moved around, tell him about the changes you've made.

Such children can very quickly learn their way around day care centers which are divided into activity areas. They'll know the art corner by the smell of paints and paste; they'll know the nap area because that part of the room is carpeted; the storytime area has bookshelves along the wall. You can also give them hints to help them get their bearings. One teacher has hung different sounding wind chimes in different areas of her center. Carpet or tile of various textures can also tell a child where he is. Help him locate his own cubbyhole or cupboard by giving him the last one in the row, or by marking it with a big button or feather for easy identification.

COMMUNICATING THROUGH WORDS AND TOUCH

It's hard even to imagine learning without the help of our sight. We don't realize how much we rely on seeing the world to understand it. Most kids may be motivated to try by watching someone else do it. To teach someone how to draw a circle, you draw one and ask him to look at it and see if he can do one just like it. Visually-impaired and blind children can't draw one just like it—they often can't see the circle in the first place. These children can learn best by hearing how to do it (having the teacher talk about what she's doing) and feeling how to do it (having the teacher put her hand on theirs and guiding them through the circular motion several times). Other ways of teaching the circle include tracing stencil shapes of circles, feeling sandpaper shapes, feeling the rims of circular pans or drawing circles in wet sand. It'll be easier for a child to learn if you chat about it while you're doing it—"Now, Denise, we'll hold this pencil in our hand together. And we'll take a piece of paper. Now let's draw a circle on this paper. We'll go round and round with the pencil like this. Round and round. Are you feeling the pencil going round and round? Oh, we're making nice round circles. Let's see if you can go round and round on the paper by yourself." The rhythm involved in the circular motion may also help her.

It's very important to talk with these children all you can. Toys, objects, food and events should be named as the child encounters them. By hearing words and doing and feeling what those words stand for, a child can compensate for his lack of sight.

People often wonder whether they should use words like "see" and "look" when visually-impaired or blind children are included. Do so by all means. As soon as he can understand, tell the child that people see and look in different ways—some people use their eyes to see; others, without sight, use their ears, hands and fingers.

Words help children with vision problems to organize the world they experience. We saw above that words can help a child learn how to do a certain task. Words also help the visually-impaired or blind child know how other people feel. Sighted children know that a friend is happy when they see the smile on his face; when someone is angry by seeing his frown. We depend more than most of us know on eye-to-eye contact with people. Blind and visually-impaired children don't have these clues. They can sense the feelings of others only when those feelings are conveyed by speech or by touch. Without these clues, they're effectively cut off from the world around them. When you communicate without using words, the blind child loses out. If you're in the habit of showing your approval by smiling and winking, the child without vision won't know you approve. He receives only silence. You have to tell him how you feel ("That's very good, Johnny!") or show him by giving him a pat on the back.

These children can tell how you feel about them by your voice and general manner. As infants, they rely totally on feeling and hearing the love others have for them. Communicate love to very young children by holding and embracing them, by touching and patting them when they're older. Putting your arm around a child or holding his hand can convey a great deal of warmth and security. Shaking hands can also give the child a feel for the person he's meeting.

THE NEED FOR CONCRETE OBJECTS AND EXPERIENCE

You must systematically and deliberately introduce blind children to the world around them by stimulating their curiosity and desire to discover. At first, toys and objects must be handed to a blind child to encourage him to explore them. He needs concrete objects to experience and feel. You can't just talk about an object—you've got to show him that object and have him hold it, feel it, smell it, experience it. Talking about something called a "coffee pot" to a visually-impaired child is meaningless. He's got to hold one, feel what goes inside it, pour from it, touch it, taste it and smell it before he really

understands what a coffee pot is.

Two fathers were discussing how their blind children learn from their surroundings. One said, "I don't know how I can ever explain to John about what a fence is. I can tell him it's a row of posts set in the ground, with wire strung along them or with boards nailed to them, but how will he ever get an idea of its extent in space, its relationship with its surroundings—in fact, what a fence is like?" The other father replied, "My little girl knows what a fence is. It's as far as you can go in the yard. It's what keeps the dog from running away and what keeps other dogs out. It's what the neighbors are on the other side of. It's a board fence so it's what you can climb up on or brace a board against to jump on."

A blind child's definition of an object is a functional one. What does it do? What can I do with it? He defines the object by touching it, manipulating it, moving it if it moves, being stopped by it, being moved by it. Until he's had many experiences over time with real concrete objects, he can't understand miniatures of those things. A child must play with a real dog who jumps on him, licks him, barks and wags its tail before a stuffed toy dog has any meaning for him.

> "The visually-impaired child will need to have many experiences with a ball or with a block or wagon before he can take clay and shape a ball, block or wagon, capturing their chief features. He can enjoy shapes (beginning with circles and squares) through the material they are made of, their odor, the sound they make when dropped, whether or not they roll, etc. Later comes the idea of roundness and squareness. Next comes the ability to fit these pieces into the formboard. Still later, the child develops a growing understanding that other things are round and square, too."*

BLIND MANNERISMS

Some visually-impaired children at times rock back and forth, wave their fingers in front of their face, or make odd noises and movements. People mistakenly call these mannerisms "blindisms." It's an unfortunate label, since kids without visual problems often do these things and many visually-impaired children never do. If they occur, such mannerisms should serve as signals that the child is probably lonely or bored. He's moving in this peculiar manner because he doesn't know what else to do or because he wants some attention. Blind and visually-impaired children often resort to these activities because they don't have as many ways to exercise their muscles as other kids have—the mannerisms in fact give them sensations from their bodies. If a visually-impaired child is waving his hands in front of his face, he may be watching the light flashing between his fingers. If you feel he's simply bored, show him things to do that are fun and interesting. Toys that need both hands also help discourage odd mannerisms. If other kids in the classroom ask about these mannerisms, explain honestly: "Johnny's probably rocking because he's bored and wants something to do. Why don't you ask him to play with you? I'm sure he'd rather play with the blocks than rock back and forth."

SELECTING TOYS FOR CHILDREN WITH VISUAL PROBLEMS

Toys aren't much good without people. A visually-impaired child won't even know a toy is near him unless someone calls his attention to it and makes it interesting for him. Handing him a toy isn't enough, though—he has to be *introduced* to it. You'll have to teach him how to explore toys and objects—how to feel the weight of the toy, to jiggle it to see if it makes noises, to manipulate its parts to see if they move. If he drops the toy, he must be shown that he can look for it and pick it up again, that it doesn't just disappear into nowhere.

You don't have to buy special toys for these children—they'll enjoy the same things all kids do. Because of their vision loss, however, pick toys for them that are interesting to the touch, to hearing and to smell, as well as to whatever remaining vision they have. Toys and materials in your program should vary in terms of:

- **texture**—soft, hard, fuzzy, furry, rough, squishy
- **weight**—heavy, light
- **sound**—loud, soft, squeaky, jingling, rumbling, clanging
- **movement**—bouncing, rolling, take-apart toys, jack-in-the-boxes, tops

Toys found in regular stores will have most of these characteristics. If the toys in your program don't have interesting sounds or textures, they can easily be adapted. Attaching a jingle bell to a toy which has no sound will help

* Carol Halliday, **The Visually-Impaired Child: Growth, Learning, Development, Infancy to School Age.** Louisville, Kentucky: American Printing House for the Blind, 1971. Page 53.

make that toy interesting to a blind child. Different textured fabrics pasted on toys with dull surfaces are also inviting and attractive. Children with visual problems are also great fans of homemade toys—pots and pans, spoons, jar lids, tin foil, cardboard boxes, egg cartons, ice cube trays, rolling pins, empty spools, etc.

Children with some residual vision should have toys to help them exercise that vision. If the child can see big things held up close, then there should be large toys for him—big blocks, dolls, trucks, balls. Some visually-impaired children prefer very small toys or pictures because they can see the whole object when it's held up close. Don't worry if a child holds things right up to his eyes, even touching his cheeks or nose. It won't hurt his eyes to look at things that close.

Here are some additional hints about everyday toys and activities:

• BALLS: Balls must be large enough for the child to handle and to locate. Sounding devices (like bells) make the ball easier and more interesting to follow. A special child must be shown how to play with a ball—first how to roll it, then how to throw and catch. Show him how to extend his arms with palms up so he's *ready to scoop* the ball toward him when someone throws it. With practice, you'll be able to bounce it near enough so it falls into his extended arms. After he learns the basics of throwing and catching, he can learn to bounce the ball, throw it against a wall, and so on.

• GROSS MOTOR TOYS: Moving toys which you push, pull and roll (like musical carpet sweepers) will be interesting to the child not only for their shapes but also because they invite him to move around and exercise many of his muscles.

• TRICYCLES: With your help a blind child can learn to use bicycles and tricycles. He'll have to be shown how to pedal, since he can't learn this by watching others. At first, hold his feet on the pedals or tape them lightly with masking tape and guide him through the pedaling motion until he gets the feel of it. Once he's gotten a sense of the room layout, he'll be able to ride around without bumping into too many things. These children will, of course, need to learn where it's safe to ride. They should learn, for instance, to stay away from the swing area in the playground by listening for the squeak of the swing chains. They'll likely be afraid at first, so be sure to give them plenty of encouragement and support.

• DOLLS AND OTHER MINIATURES: We mentioned earlier that representations of real objects don't have very much meaning for visually-impaired children until they've had lots of experience with the real objects themselves. This isn't to say that dolls and other replicas of things can't or shouldn't be used with them. They'll just play with and enjoy these toys for different reasons than most children. They'll play with a doll because they like the noise it makes or its moving arms and legs, not because they understand it's a "pretend" baby which they can dress, feed, put to sleep, etc.

• STORYTIME AND BOOKS: Blind and visually-impaired children have a lot to gain from storytime if you can make it meaningful to them. If the child has any residual vision, he should be encouraged to sit up front at storytime so he has a chance to see the pictures and colors up close. Often, the plot of a story is revealed only through the pictures, and you must be ready to explain what's happening in the pictures for the blind child. One teacher tapes stories beforehand and lets her blind child listen to the preview tapes before storytime. This way, he's familiar with the story and doesn't get lost when the teacher reads it to the group. Children with residual vision often enjoy looking at the book before storytime too. Books can be meaningful even if children can't see the pictures or read the words—they especially enjoy the movement and sounds involved in turning the pages. Cloth books and pop-up picture books are great for the blind child to explore with his hands. Books like this can be made out of sheets of corrugated cardboard. Attach buttons, feathers, scraps of velvet, etc. to the pages for the kids to feel and manipulate.

• PAINTING, PASTING, COLORING: Although blind and visually-impaired children can't get involved in the visual aspects of art, they can enjoy the physical sensations, muscle movements and smells involved. Children love the sweeping motions involved in moving the paint brushes, especially on big pieces of paper or real-life things like fences or huge cardboard crates. Finger paints, play dough and clay are particularly stimulating to the touch. Paints and crayons give different textures and feels to the paper and have very distinctive smells. Pasting various objects onto sheets of paper or cardboard is a great way for a child to practice his hand and motor coordination.

HELPING HEARING-IMPAIRED AND DEAF CHILDREN

Hearing-impaired and deaf children can participate in all phases of the day care day—they don't need special buildings, special schedules or special toys. Like other kids, they can play in the playground, draw, build with blocks, climb, run, and so on. Even music and storytimes are fun (and necessary) for these children.

MUSIC

Encourage hearing-impaired and deaf children to play and feel the different musical instruments. Let a deaf child **feel** the sounds and vibrations of your guitar, piano, drums and cymbals. Let him play these instruments by himself—it'll help his eye-hand coordination while he's enjoying the new and different sensations of sounds. See that special children hum and clap along with the other kids at songtime. Rhythm exercises are also good for developing motor coordination and a good self-image. Although the child may be shy about it at first, he'll soon be enjoying the new sounds and vibrations and the feeling of being part of the group.

STORYTIME

If you plan ahead, storytime will be very interesting for children with hearing problems. Here are some things other programs have found useful:

- Plan to have the special child sit close to you so he can read your lips and gestures and can see the pictures.
- Books with colorful, simple, life-like pictures will hold a deaf child's attention more than those with pictures that are too detailed or too abstract. Obviously, books with too much print and too few pictures won't hold his interest.
- Choose stories you can tell in your own words as well as read to the children.
- Gesturing as you read will indicate what's happening in the story (huffing and puffing for "The Three Little Pigs," for instance) and can give the deaf child those necessary clues.
- You can sometimes dramatize a picture or story by using a small toy or prop to make the story more alive and understandable to the child. (You'd show the class sticks, straw and bricks to demonstrate what the three little pigs' houses were made of.) Flannelboards and puppets are also very useful, but don't overdo the props—too many can be distracting and take attention away from the story itself.
- If a child becomes too restless, let him sit on your lap occasionally and help turn the pages. But try not to let it become routine—it singles out this child from the rest of the group.
- Let all the kids, including special children, bring a favorite book from home now and again for you to read. This helps keep interest high and makes the book owner feel very important.

HOW AND WHEN TO TALK

Communicating with hearing-impaired and deaf children is a real challenge for parents and teachers alike. The best thing you can do is talk to them at every possible opportunity. Try to imagine learning to talk with little or no hearing. Children normally learn to use words after they've heard the sounds of those words used over and over again. Hearing-impaired and deaf children can't learn to talk by hearing the spoken sounds; they learn by **watching** other people speak.

Learning by watching speech (lipreading or speechreading) takes much longer than learning by sound. Words must be seen many, many times before they can be understood and spoken by the hearing-impaired or deaf child. We take for granted how many times a hearing child must hear a word: think how many more times a deaf child must see it. That's why talking to these children is so important—they need the chance to see words being spoken.

To be sure a deaf or hearing-impaired child gets the most out of your speech, try following the suggestions below. Some of these pointers may seem obvious, and you'll probably do them naturally, but others we just seem to take for granted.

- Talk to the child even if you think or know he can't hear what you're saying. You may feel uncomfortable, at first, talking to a child you think cannot hear you. However, very few children are totally deaf, with no hearing at all. Most hearing-impaired children can hear only certain sounds or they hear all sounds very faintly. Talking to them will help exercise whatever residual hearing they do have. And remember, even if he can't hear your words, he can see what you're saying.
- Talking to the child as you do things with him —"Now let's get some crayons. What crayon do you want to use first? What a nice color you picked!"

- Speak naturally. Use your normal voice, mouthing your words as you usually do, at a moderate rate of speed—neither very fast nor very slowly. You may find yourself distorting speech at first, shouting or speaking slower than usual, or exaggerating each word. Try not to. This only confuses the child since lip reading is based on good, normal speech.

- Speak in short, simple, but whole sentences. You want him to be able to talk normally, not in baby talk. Ask, "Do you want a glass of milk, Johnny?" and not, "Johnny want milk?" This may sound far-fetched, but you'll be tempted to oversimplify.

- Make sure the child can see you when you speak to him. A deaf child must watch your lips move if he's going to learn lipreading. He can't do it when your back is turned or when you're at the other end of the room.

- Come close to the child when you talk to him. Most hearing-impaired children have some hearing left, but they must be very close to the source of sound if they're going to hear it. Rather than shouting from a distance, get near the child and then speak. It's important to let him use and exercise whatever hearing he has left. Talking to him and humming and singing with him will also help him use that residual hearing.

- Face the light when you talk to the child. The light must be on your face, not his—if light is glaring in his eyes, he won't be able to focus on your lips.

- Try to get to child's eye level when you talk to him. Lipreading is very difficult when the speaker's lips are not on the same level as the child's eyes. Often an adult will assume the child can see his lips if he just bends down from the waist. This isn't always enough, since the adult's face is still at an angle. You should try to have your face approximately parallel to the child's. Either you must get down to his level (in a deep knee bend or by kneeling) or the child must get up to yours (by sitting in a high chair or at a desk or table).

- Make your conversation interesting and therefore worth watching. A child won't bother looking at your lips if he isn't interested in or familiar with what you're talking about. When he's beginning to lipread, use words that represent objects and actions he likes and is familiar with. At first, talk about concrete things and events happening here and now—not about something in the next room or something that happened yesterday or will happen tomorrow. When you're talking about a ball, it helps to show him a ball. When you use the word "running," make a running motion. Try to connect the words you use with concrete experiences and actions.

CLUES THAT GO ALONG WITH TALKING

Communication isn't just speaking. We often know what someone is saying or thinking by the look on his face or the gestures of his hands and body. You can tell when someone is happy by his smile and by the look in his eyes. You can sense when someone is nervous by the tightness of his body and the fidgeting of his hands. Since children with hearing losses rely heavily on these nonverbal clues, help them with gestures when you communicate with them.

You don't have to overdo the gestures, but try to remember to use them naturally when there is a chance. When you do gesture, don't substitute the actions for words: use both ways of communicating simultaneously. For example, when you say, "Sit down, Eddy," you can also tap his chair. When you motion with your hands for Judy to come over to you, say, "Come here, Judy," so she can practice lipreading at the same time. Physical contacts with deaf and hearing-impaired children are very important. A pat on the back, a hug, holding hands are ways of showing the feelings you normally show through words.

Manual communication or finger spelling is a very special set of clues or signs used by deaf children. The deaf child and those around him learn finger signs which stand for letters of the alphabet or for certain words and expressions. You can get information on sign language and finger spelling from a hearing specialist in your community or from one of the national associations dealing with hearing problems listed in Appendix A.

FEELING WORDS AND SOUNDS

Deaf children understand language not only by seeing words on people's lips but also by feeling the sounds of the different words. From infancy on, you can expose the child to sounds and vibrations. When you hold a baby, put his head close to your chest so he can feel the vibrations in your speech. Sing, hum, and talk to the child when you hold him so he can feel lots of different sounds. Let him put his hands on your lips, cheeks and throat so he can feel where the sound comes from.

Before a child can become aware of sounds, **you** have to be aware of them so you can call them to his attention. Hundreds of sounds and vibrations can be everyday learning experiences. If you stop reading right now, you can listen to all kinds of sounds—the refrigerator, the slam of a door, the squeaking of a swing, hammering on the fence outside, the laugh of a child, the flush of a toilet. Children with hearing problems may hear these sounds if they are loud enough, or they can become aware of them by the vibrations they make—for instance, the vibration of vacuum cleaners, subway cars, airplanes, refrigerators, radios and telephones.

Once you are aware of sounds, you can begin drawing a child's attention to them:

> "LISTEN! I HEAR THAT!" Perhaps you could turn the sound on and off a few times to help him become aware of its presence. Help him feel the vibrations by placing his hand lightly on the object or some place where the vibrations can be felt. Some of the vibrations can be felt through a wood floor or a table top. We know one little boy who would lie down on the floor when music was playing because he could feel the vibrations all over his body through the floor."*

THE CARE AND USE OF HEARING AIDS

Many hearing-impaired children wear hearing aids which make sounds louder and bring them more directly to the ears. A hearing aid won't change a child's hearing condition—it simply amplifies sounds so the child can become more aware of them. A profoundly deaf child with a hearing aid might become aware of certain loud noises—a slamming door or the toot of a horn. Children with mild hearing losses can often, with the help of a hearing aid, learn to be aware of ordinary conversation and speech.

An audiologist is trained to test and evaluate hearing. He can decide if and when a child should begin wearing a hearing aid and which model he ought to use. There are three types of hearing aids commonly worn by children. One is worn in an undergarment pocket close to the child's chest. Another is worn on the head, clipped to the hair or a headband. The third type is worn behind the ear. These aids are attached to cords which plug into the child's ear through a tiny insert called an earmold. When properly fitted, the hearing aid is not uncomfortable and is usually taken for granted after the child adjusts to it. Minor difficulties teachers and parents should be on the lookout for include:

- IMPROPER FIT OF THE EARMOLD: If the earmold doesn't fit the child's ear opening properly, it can be very uncomfortable. A chipped or cracked earmold will often irritate the skin around the ear. You can sometimes tell when an earmold is chipped because it will make a squealing sound known as feedback. In this case, the audiologist or hearing aid dealer should check to be sure the earmold is fitted properly or have a new one made.
- DEAD BATTERIES IN THE HEARING AID: You can tell the battery is dead if the child doesn't seem to be hearing the sounds he is usually aware of. Have a reserve supply of batteries on hand. Parents or a hearing aid dealer can show you how to change the batteries.
- WORNOUT HEARING AID CORDS: If a cord wears out, breaks or splits, the hearing aid won't work properly. Cords are easily replaced, so keep a spare on hand.
- INFECTED OR IRRITATED EARS: The earmold should never be inserted in an infected, sore or bleeding ear. The child's ears should be examined by a physician and the earmold should not be inserted until his ear has healed.

At first, check a child's hearing aid at least once a day to see that it's turned on, working and the battery is good. Do this until the child learns to check for himself. If other kids in the class have questions about the "funny little box" called the hearing aid, let them try it on. They'll notice that sounds are amplified and you can explain that this helps the special child hear better.

HELPING CHILDREN WITH OTHER PHYSICAL DISABILITIES

A child missing two fingers has a physical disability. So does a child who has a cleft palate (an opening in the roof of the mouth which affects speech), a child with cerebral palsy who has poor muscular control in both arms, and a child paralyzed from the waist down and confined to a wheelchair. We can't cover the specific needs of each of these physically disabled children in this manual. The best way to find out about a particular child's needs is to talk to his parents and his

* The John Tracy Clinic Correspondence Course, 924 West 37th Street, Los Angeles, California.

physical therapist, if one is involved. If the child isn't seeing a therapist, you might try to locate one in your community. This specialist can determine the child's physical needs and find ways to overcome or deal with his problems. Physical therapists often recommend specific exercises to help a child strengthen a weak limb or muscle. If a child has trouble sitting up by himself, the therapist can suggest special chairs or props to help him support himself.

Here are some suggestions from parents and teachers of physically disabled children:

ADAPTING YOUR FACILITIES AND EQUIPMENT

If a child is confined to a wheelchair, certain requirements in the day care center or family day care home must be met:

- **Doors** must be wide enough to allow passage of a wheelchair.
- **Wheelchair ramps** must be available where stairs prevent movement into and out of the building.
- **Toilet cubicles** must be wide enough to accommodate children with wheelchairs. (Standard doors can be replaced by curtains or folding doors which take less space and make access easier.)
- **Handrails** in the toilet cubicles should be attached so the child can swing from his wheelchair to the toilet seat easily.

The suggestions below aren't absolutely necessary, but they are strongly recommended:

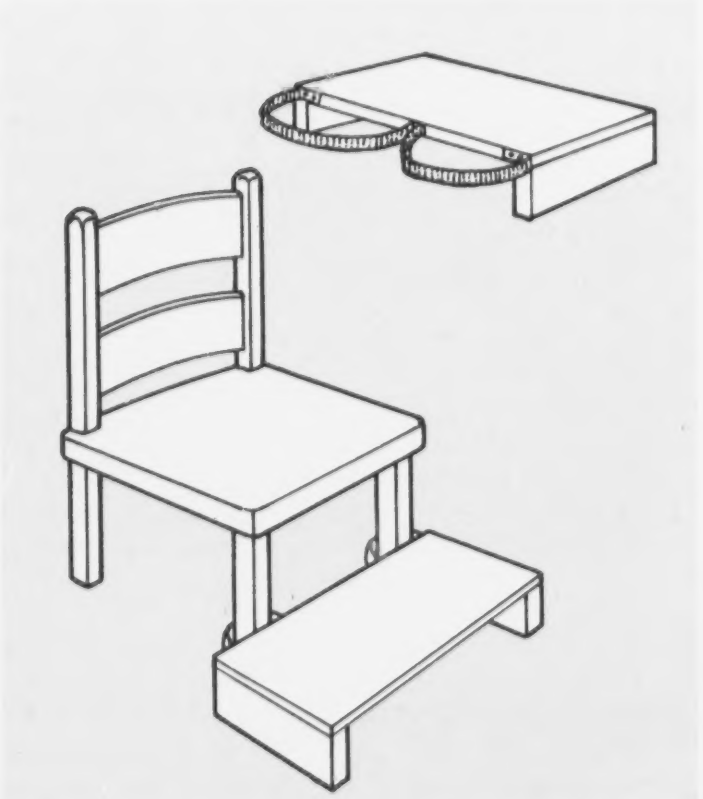
- **Non-slip floor coverings** make it easier for children on crutches and those who have difficulty walking to get around. If floors are waxed, be sure crutches have non-skid tips and shoe soles have fine sandpaper or masking tape applied.
- **Equipment should be accessible** to every child, including those in wheelchairs:
  - Sand tables and other activity tables should be placed away from walls so kids can get to them from all sides.
  - Tables with semicircular "bites" out of the rims make it easier for wheelchair children to get up close to the table. These tables can either be bought or made at home.
  - One way to make equipment accessible to all is to put it on the floor. All kids can get to the floor, including those in wheelchairs. Sand tables and water tables can easily be brought down to floor level. Sand tables can also be covered with plywood tops and used for other activities.
- **Equipment should be scaled down** to a child's height. For instance, adjustable blackboards and easel stands can be lowered to wheelchair level, if necessary. Wheelchairs should also be scaled to the size of the child—they are manufactured in both child and adult sizes.
- **Railings,** at a child's level, should be attached to walls. These provide mobility for children in wheelchairs and for kids who have difficulty with balance and motor coordination. The railings are also great as ballet bars and as general exercise rails for all children.
- **Chairs** should be child-sized so the child's feet don't dangle in mid-air. If this isn't feasible, make footstools out of reinforced cardboard boxes. It is very important for children to be comfortable sitting: a good sitting posture is necessary for activities requiring fine hand coordination. If a child has problems supporting himself in a chair, a physical therapist should be consulted. He may need a modified chair with an **abduction block** which prevents him from sliding off. Abduction blocks can easily be made from covered tin cans, wooden blocks or cylinders and can be applied to any chair (see illustration). Modified chairs which match regular classroom chairs can also be bought: they usually come equipped with straps for legs, waists, chests, etc.

ABDUCTION BLOCK ON CHAIR:

Suggested materials: small wooden cylindrical block, or tin can covered with carpet sample or heavy fabric.

Purpose: Prevents child from sliding off edge of chair.

- Children in wheelchairs should have other seats available to them. **Floor seats** exercise different muscles than do wheelchairs. They are a change of scenery for the child and give him a chance to do activities he couldn't get to in his wheelchair. Since there are a variety of floor seats available, you might want to consult a physical therapist about your choice. Or you could ask the therapist for advice on how to make these seats yourself—they're easy to make and much cheaper this way. Many of the national associations for physically disabled children publish how-to-make-it guides for parents and teachers (see Appendix C). One teacher discovered that a toy wagon with high sides and back (a farm wagon) gave the necessary support to a child who had difficulty sitting in seats other than his wheelchair. The other kids enjoyed pulling the wagon and he loved getting the rides!



WOODEN BENCHES ATTACHABLE TO CHAIRS*

Measurements: 18" x 9" with several heights—
2", 3", 4", 6"

Webbing straps on back should be long enough to allow for chair legs from 13½" to 16½" wide.

Suggested materials: ¾" plywood, webbing straps.

Purpose: To give the child a more secure sitting balance for best use of hands in fine skills, and to avoid deformity of the ankles in some children.

- **Small-sized benches and step-platforms** are useful in most day care programs, but they are especially good for children with physical disabilities. A small wooden bench can be attached to the front legs of a chair so the child, while sitting, can support his legs instead of dangling them (see illustration). As mentioned earlier, this gives the child a better sitting posture for fine-motor activities. Wooden benches should also be used in front of the toilet and sink. With these benches, a child doesn't have to be lifted to the facilities, but can reach them by himself. The bench in front of the toilet lets a child rest his feet — instead of feeling suspended in air, he has security and support. These benches are easy and inexpensive to make:

WOODEN BENCHES FOR BATHROOM OR CLASSROOM*

Measurements: 10" x 14", approximately. 6" height for toilets, 8" height for sinks.

Materials: ¾" plywood. Slots for handgrips to carry.

Purpose: To assist child in learning self-help skills. Child will feel more secure with feet supported and can step up to toilet and sink rather than being lifted. Benches may also be used in practicing sitting balance in classroom.

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* From: Mrs. Nancy Fieber, Physical Therapist, Meyer Children's Rehabilitation Institute, Omaha, Nebraska.

RECREATION

Children with physical disabilities must have a chance to discover for themselves what they can and can't do. Too often we discourage them from participating in physically rigorous activities because we are afraid they'll get hurt. Physically handicapped children may fall down or bump into things more often than other children, but they must be given a chance to try and to discover their own physical limitations and abilities.

Let them use all the equipment and participate in all the activities you normally provide in your day care program. When disability prevents them from using a toy or a piece of equipment, try to find ways to adapt it for them. Common sense and a good imagination go a long way. Here are some creative ideas parents and teachers have come up with:

- If a child doesn't have enough muscular control to keep his feet steady on the pedals of a tricycle, secure his feet with a giant rubber band made out of a tire's inner tube. The tube is so elastic and flexible that the child can pull his foot out of the binding if he falls.
- Children in wheelchairs find it difficult to play toss games such as ring toss, bowling and target games with bean bags or balls. **The Exceptional Parent** magazine suggests:

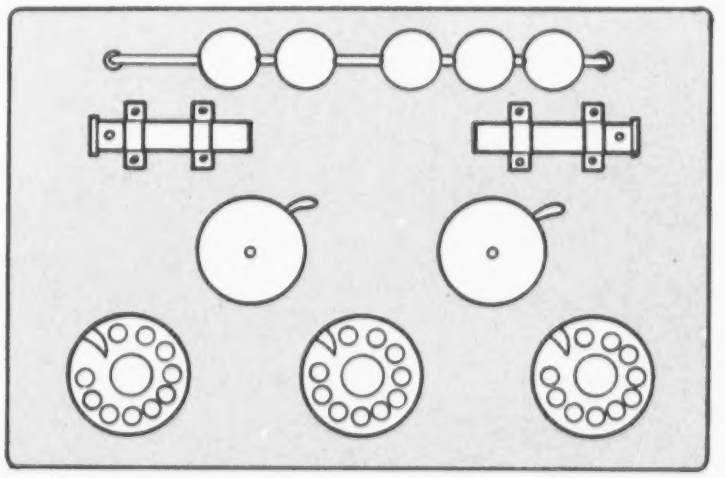
  "If you tie or sew one end of a piece of twine to the ball, bean bag, or ring, and the other end to the arm of the wheel chair, your child will be able to retrieve the object by pulling on the string. If the target is a hole, the ball-on-a-string will probably get stuck in the hole. Therefore, a flat target is advisable."

- Scorekeeping from a wheelchair is another activity suggested in **The Exceptional Parent** magazine:

  "An abacus-like chain of beads attached to a part of the wheelchair that can be reached and manipulated easily can be used for scorekeeping. The size of the bead will need to be varied according to the coordination ability of the child. Another possibility for scorekeeping is a pad of paper or a roll of tickets that can be torn off and collected as a score is made."

- Kids who have trouble with balance and motor coordination may find it helpful to push something as they propel themselves. One day care teacher loaded a toy carriage with sand bags. The child with poor balance was able to walk quite steadily when he pushed the carriage. At snack time, each child had a turn collecting the paper cups and napkins in it, and soon it was a special honor to use the carriage.
- Wall toys, that is, toys mounted to the walls at a child's height, can be great for any child who has problems with hand coordination, balancing and grasping. Wall toys allow children to grasp and play with toys that they otherwise might not be able to handle. Toys should be mounted high enough to encourage standing, far apart enough to encourage walking. These toys are also accessible to children in wheelchairs. Many toys on the market can be mounted on plaques and attached to the wall. Other wall toys can be made by your teachers, parents, brothers and sisters. For example, here are directions for a homemade wall toy:

INSTRUMENT BOARD WALL TOY



Materials needed: A piece of birch 24" x 16" x 1". A piece of iron 20" long and ⅓" in diameter. Some wooden balls, 2" in diameter. Two bicycle bells which cannot be unscrewed. Three telephone dials. (The Telephone Company may help out with some old samples.) Any other materials that you can think up, such as chains, iron rings, etc.

Directions: Sand the wood, especially the corners and edges. Paint the wood in bright colors. Mount the different pieces to the wood, making sure that they are not placed too close together. Mount the instrument board to the wall at children's height.

ART ACTIVITIES

Children with poor muscular control in their arms and hands often find it difficult to do art activities. If their movements are very jerky or spastic they'll find it hard to manage the fine hand skills required. Occupational therapists can often suggest devices and props to help these children exercise their fine motor skills for drawing, painting, cutting, pasting and so on. If one of the child's hands is stronger than the other, involve him in activities that require use of both hands. Otherwise he'll ignore the weak one completely rather than give it the proper exercise. **Don't** tell him to use his "bad hand"—labels such as "bad hand" and "lazy hand" immediately suggest that this hand is worth less than the other and will make him more conscious of his disability. Just draw him into activities which naturally involve both hands.

Here are some practical hints for art activities:

- Tape the drawing paper down on the table so it doesn't slide around when the child colors or paints.
- If a child's hand movements aren't steady or strong enough to make dark marks with a pencil or crayon, use magic markers (very thick felt-tip pens). These take less effort than crayons.
- There are lots of ways to make coloring easier for a child. Large-sized chalk can be used for drawing on blackboards. Punch pencils and pens through a rubber ball so a child can hold the ball to control the instrument. One teacher suggests wrapping a crayon in several layers of paper until it's thick enough to fit inside a plastic deodorant container from which the ball has been removed. Her kids can color much easier with crayons in these large, graspable containers. If the handle of a paint brush is too thin for a child to grip, it can easily be thickened with sticking plaster or layers of masking tape.
- If a child can only make large, sweeping movements with his hands, don't frustrate him with normal-sized paper. Only part of what he tries to draw will actually land on the paper if it's too small. Extra-large easels and paper give him the space he needs to express himself. Large blackboards are also good.
- Children who have problems with fine-hand coordination can also be great artists when it comes to painting big, life-sized objects like fences or cardboard boxes. These activities don't require very careful, delicate strokes.
- Finger painting and clay are other activities which don't require fine-hand coordination.

HELPING MENTALLY RETARDED CHILDREN

CHARACTERISTICS

Many mentally retarded children are limited in their ability to learn, generally more socially immature than others of their chronological age, and sometimes have additional emotional and physical needs. In more scientific terms, mental retardation refers to "reduced intellectual functioning which originates during the developmental period and is assocated with impairment in adaptive behavior."*

Mental retardation can be caused by defects in the developing embryo, by diseases of the nervous system, by toxins and poisons, or by brain injury in early life. One serious factor affecting the development of children is environmental deprivation in early childhood. If a child's environment fails to meet his basic physical, emotional and social needs and fails to stimulate his desire to grow, learn, and discover, the child may become retarded in his development. If, at an early age, such children are exposed to an environment which meets these needs, the mental retardation can often be prevented or reduced.

Here are some characteristics often associated with mentally retarded children:

- inability to follow multi-step directions
- little self-direction in choosing activities
- tendency to imitate rather than to create
- poor abstract reasoning ability
- difficulties in concentrating and learning
- inability to apply learning from one situation to another, or to anticipate consequences
- inability to see similarities and differences in objects or situations
- slower development than other children (walking, talking, toilet training)
- delayed or poor motor coordination
- poor eye-hand coordination

* **The Problem of Mental Retardation,** U.S. Department of Health, Education, and Welfare, Office of the Secretary, Secretary's Committee on Mental Retardation, Washington, D.C. 20201, p. 1.

Mentally retarded children don't necessarily have all of these characteristics. This depends on the degree of mental retardation—mild, moderate, severe or profound. A mildly retarded child may not differ to any great extent from the slower children in his age group, while the moderately retarded child may have more of the above characteristics and function more like children in a younger age group.

Here are some of the developmental characteristics associated with the different degrees of retardation:*

Degrees of Mental Retardation	Pre-School Age 0–5 Maturation and Development
Mild	Can develop social and communication skills; minimal retardation in sensorimotor areas; often not distinguished from normal until later age.
Moderate	Can talk or learn to communicate; poor social awareness; fair motor development; profits from training in self-help; can be managed with moderate supervision.
Severe	Poor motor development; speech is minimal; generally unable to profit from training in self-help; little or no communication skills.
Profound	Gross retardation; minimal capacity for functioning in sensorimotor areas; needs nursing care.

THE I.Q. SCORE

The most common way to measure development of mental processes has been with an Intelligence Test, such as the Stanford-Binét Test or the Wechsler-Bellevue Intelligence Scale for Children (WISC) which compare a child's mental abilities with those normally achieved by children of his chronological age. A child of six who seems to be able to do only those things a four-year-old can normally do will have a lower Intelligence Quotient (I.Q.) than a child of six who can do what most other six-year-olds are doing.

There is no exact way to measure how retarded a particular child is. Don't regard a child's I.Q. score as infallible. If a child has a low I.Q. score, we tend to expect very little from him—usually far less than he's capable of doing. It's hard to measure I.Q.'s in young children, and I.Q. scores can vary for the same child depending on the setting and his mood when he takes the test. Another problem with the I.Q. test is that the questions seem to be geared to the white, middle-class culture and often ignore the cultures of black, Indian and Spanish-speaking children.

Because I.Q. scores are so variable, don't use them as the only measure of a child's abilities. The best way to find out what a child can do is to let him try. If the mother of a retarded child with a low I.Q. inquires about your day care program, don't be frightened off by that low I.Q. score. Find out from his mother what the child can do—can he make his needs known? can he play with other children? can he eat by himself? These answers will help you make a better judgment of the child's abilities than if you relied only on his I.Q. score. Letting the child try out your program part time will give you concrete evidence of what the children can and can't do.

There are some scales you can use to assess how a child is developing in certain areas —motor, verbal, reasoning, social and emotional. Some of these scales are easy to apply just by watching a child. For example, if a three-year-old doing large motor activities has only the ability of a two-year-old, you'll know he needs help in this area and you'll structure his activities accordingly. Examples of good developmental scales are the Vineland Social Maturity Scale, The Kuhlman Tests for Infants, the Gesell Testing of Infant Maturity, Volle Developmental Survey, and Bailey's Developmental Assessment Scale.

If a child is functioning at a younger age level than his chronological age, he may benefit from day care classes for younger children. He may fit into a younger class easily because his abilities will be similar to those of the kids around him. This arrangement works out best if the mentally retarded child is about the same size as the other children. If he's much bigger and more physically developed, the other children might exclude him or he may feel out of place.

GENERAL GUIDELINES

Here are some general guidelines for working with mentally retarded children.

- SELF-HELP SKILLS

For a variety of reasons, mentally retarded children are often dependent on others to help them eat, dress, toilet and wash when other kids

* The Problem of Mental Retardation, page 8.

their age are doing so on their own. Sometimes they have problems with these self-help tasks because their coordination is too poor to let them fill a spoon, unbutton a button, etc.—but often they're overdependent simply because they haven't been given a chance to do these things themselves. Parents know they can get things done faster, with less mess than their children can. They've also assumed that because the child was mentally retarded, he just wasn't capable of performing self-help skills.

These children are capable of such skills. Day care mothers and teachers should emphasize activities to help the children learn to eat, dress, toilet and wash independently. You can't expect progress overnight, but you must let them try, even if it takes longer and is messier at first. Letting retarded children do things for themselves gives them highly important feelings of confidence and independence.

- BREAK DOWN TASKS

In teaching self-help skills, break down the task into sequences of simplified, short steps. A child with learning problems is likely to be confused by an activity or even a single direction normally considered simple for children his age, but a series of shorter, simpler steps will let him manage the task. He can practice one step at a time.

Take, for instance, an art activity which involves cutting and pasting. You can't just say to Alice, "Why don't you cut some circles out and paste them on this cardboard?" Cutting and pasting involves a series of skills. First of all, Alice must be able to hold scissors in one hand and a piece of paper in the other. You are assuming that she understands what the cutting motion is all about, what circles are, and how to cut out circles. If you draw circles for her to cut out, she must know what it means to cut along the lines. Once she's through cutting, she must learn how to paste the circles onto the cardboard. This involves learning to dip the paint brush into the paste jar, putting the paste on one side of the circles, and learning that the circles must be placed somewhere on the piece of cardboard. It's often impossible for the child to learn all these things at once. Alice might need to practice holding the scissors and learning how to make the snipping motion. She may have to practice cutting scraps of paper before she can learn to cut along the lines. Sometimes it helps if a child begins by learning the last step in the process—pasting the circles on paper. This way, she can learn the other steps later on, but she'll be able to enjoy the same finished product the other kids have.

You'll have to go through this process of breaking down tasks whatever you teach these special children. What looks easy to us and to most children may be very complicated for children with learning difficulties. This is the way they'll learn how to walk, skip, talk, dress, play. Here are some other examples of breaking tasks down:

- Teaching a boy to put on his own trousers:*

1. Start with the child's trousers already on him and almost up to his waist. Have him help you put them into position.
2. Start with the trousers already on his legs but down near his ankles. Encourage him to pull them up himself.
3. After he has learned the pulling-up motion, begin teaching him how to put his feet into the trouser legs, one foot at a time.
4. Teach him to put both feet in by himself.
5. Hand the child the trousers in the proper position and have him put them on himself.
6. Teach the child the front and back of the trousers, as well as the top and bottom.
7. Give the child the trousers folded and have him set them up and put them on correctly.
8. The final step will be to teach the child to zipper and button the fly.

- Teaching a child to eat with a spoon:*

1. Teach the child to hold a spoon in her hand.
2. Guide her through the motion of bringing the spoon up to her mouth.
3. Fill the spoon with food and guide her hand to her mouth.
4. Fill the spoon but encourage her to bring the spoon to her mouth by herself.
5. Teach the child to fill the spoon by herself.
6. Supervise the child's eating and encourage continuous practice.

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* Gerard Bensberg, ed. **Teaching the Mentally Retarded: A Handbook for Ward Personnel.** Atlanta: Southern Regional Education Board, 1965, p. 135.

• KNOWING WHERE THE CHILD IS

Of course, all kids won't have to start learning at the very beginning of each task. Some will already be quite far ahead in the series of steps. The challenge for parents and teachers is to find out what the child can already do in the process, and what the next steps are.

Where the child is and what's next are tough questions to answer. There aren't any clear-cut steps in this process. You learn to sense where the child is after you've spent time with him, seen how he plays and socializes, how co-ordinated he is. How and what you teach each child will depend on what you think he already knows and what he might be capable of doing. Since you can never tell how much a child might be able to do, always aim high. But not so high that you frustrate the child and yourself. There is a middle ground.

• TEACHING AT THE APPROPRIATE LEVEL

There are three teaching levels to be aware of:*

"1. A **tolerance** level at which it is easy for the child to work, (using skills which the child has already attained);
2. A level at which it is a **challenge** for the child to apply himself;
3. A level at which it is **frustrating** for the child to try."

Everybody, adults included, learns best at the first two levels. Children enjoy activities which they can do and which are challenging for them. Things which overwhelm them are frustrating and no fun at all.

One day care mother decided to teach Lennie how to tie his shoes. She knew where he was—he knew his right shoe from his left and how to put them on—but he wasn't yet able to tighten up the laces or actually tie the knot and bow. She elected to spend some time on the lace-tightening stage before she went on to the knotting and bowing steps. This tightening stage might at first seem insignificant (why spend time on something so easy?), but it was a challenge for Lennie, since he had very poor hand coordination and he had trouble concentrating on pulling both laces with both hands at the same time. To try teaching Lennie how to tie the bow without first teaching him the preceding steps would have been a very frustrating experience for him.

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* Marylou Ebersole, Newell Kephart, James Ebersole. **Steps to Achievement for the Slow Learner.** Columbus, Ohio: Charles Merrill Publishing Company, 1968, page 4.

• SUCCESS-ASSURED ACTIVITIES

Failure breeds failure. If a child has too many bad learning experiences he'll be afraid to try new things. Plan a number of success-assured activities—ones the child can't help but do well —to give him the confidence he'll need for new and more challenging ventures. Things with no "right" and "wrong" about them are reassuring to the child with learning problems. They can be as simple as asking, "What do you think of when you hear that music?" or "Which book would you like me to read today?"

Praising the efforts of any child is important in teaching—only more so for children with learning difficulties. They need frequent positive encouragement. They're often timid about entering new activities for fear they won't be good at them, so your job is reassurance that they're doing a fine job with the tinker toys and that it's wonderful that they can climb the jungle gym.

If a child is learning a particular skill step by step, such as tying his shoes, he must be praised at every step. When he learns to tighten up the laces, make him feel he's accomplished a very important task—he has. Waiting to praise him until he's learned the whole sequence will be too defeating. If you want him to move on to the others, he must be praised for what he's already mastered. However, don't praise children for no reason. Unwarranted praise can be smothering and may even encourage a child to stop trying altogether. Again, there's a middle ground.

• USING REPETITION

Children with learning difficulties often have very short attention spans, which means they don't learn well in activities which require a lot of concentration and time. They learn best when they have short doses of activities, repeated many different times. Repetition doesn't have to be boring; these children need the security of doing something over and over again. They also have difficulty generalizing from one situation to another. Once they seem to have mastered a particular skill, they can try doing it at different times, in different settings, and with different materials. A boy might learn how to tie his brown shoes but be lost when asked to tie his sneakers. Practicing with different kinds of shoes is the kind of repetition he'll need.

• SHOW AS WELL AS TELL

Mentally retarded children often have trouble following verbal instructions. You can suggest to Sharon, "Why don't you put the pegs

- POOR AUDITORY DISCRIMINATION: Inability to distinguish between different, but similar, sounds and words
- POOR KINESTHESIA: Difficulty distinguishing between familiar objects by feeling, such as
  - a penny and a nickel
  - a dime and a quarter
  - cardboard cutouts of letters of the alphabet
- POOR EYE-HAND COORDINATION: Difficulty making his hand do what his eye sees, such as
  - copying
  - tracing
  - hitting a ball with a bat
- POOR SPATIAL ORIENTATION: Difficulty remembering the differences between
  - right and left
  - up and down
  - over and under
  - outside and inside
  - horizontal and vertical
  - on top of and underneath
- POOR FIGURE-GROUND: Difficulty selecting one thing from a group, such as
  - a particular letter in a word
  - his cubby from other children's cubby holes
  - a triangular block from a square block
- PERSEVERATION: Difficulty shifting from one activity to another. (Once he has learned the answer to a question, he may give the same answer even when the question changes.)
  - What color is the grass? Green.
    What color is the sky? Green.
    What color is the snow? Green.
- HYPERACTIVITY: Inability to concentrate on a structured activity, because almost any lesson bewilders a child with a learning disability. This might result in
  - talking at any time
  - touching everything
  - inattention
  - distracting other children
- DISINHIBITION: Tendency to be lethargic or hyperactive, with an "I don't

in the pegboard?" but this may not be enough. She may hold the peg in her hand and not know what to do with it. If she doesn't seem to understand you when you tell her, show her how to manipulate the pegs. If this doesn't work, guide her hands through the movements. As you show her or do the activity with her, talk about what you're doing. She needs lots of language stimulation too.

- AVOID DRASTIC CHANGES OF GEARS

Children with learning difficulties may find it hard to change from one kind of activity to another—from drawing to water play, from quiet to noisy play, and so on. These changes in activity can't and shouldn't be avoided in a regular day care program—they provide a varied, exciting curriculum. But drastic changes of pace for a special child can be avoided. For instance, if the child is playing a quiet game by himself, he shouldn't immediately be asked to plunge into a noisy, active game with a large group of kids. Include him first in an activity with a small group, then later move him into the larger group.

HELPING CHILDREN WITH LEARNING DISABILITIES

Many children who are referred to day care centers or are already in programs have learning disabilities—disabilities which prevent them from learning in the usual ways. This doesn't mean these children **can't** learn—it means we have to find other ways to teach them skills.

CHARACTERISTICS

A child with learning disabilities sometimes displays the following characteristics:*

- POOR VISUAL DISCRIMINATION: Difficulty distinguishing between
  - squares and rectangles
  - circles and ovals
  - **m** and **n**
  - **h, n,** and **r**
  - **p, b, d, g,** and **q**
  - **6** and **9, 21** and **12**
- POOR VISUAL MEMORY:
  - forgetting what he has seen
  - not remembering what he has read

* Murphy, John F. **Listening, Language and Learning Disabilities: A Guide for Parents and Teachers.** Cambridge: Educators Publishing Service, 1970, page 1.

care about anything" attitude.

- POOR SELF-IMAGE: As a result of the reaction of parents, teachers, and classmates to one or more of the above symptoms, a child may see himself as anything but "normal."

Obviously, most of us at one time or another display some of these symptoms. (You may become hyperactive or lethargic during a dull speech.) But a child with a learning disability has many of these symptoms most of the time, and they interfere with his everyday life and performance.

These children are not mentally retarded. Children with learning disabilities nearly always have average or above-average intelligence. And these children are not emotionally disturbed, at least not primarily. Their difficulties with learning aren't because they're upset, or troubled, or undisciplined, or rejected. They may, however, be tense, anxious, depressed or angry as a result of their frustrating learning experiences.*

GENERAL GUIDELINES

These learning disabilities need not handicap children if we can teach them in ways they'll understand. Some useful methods:

- TEACH THROUGH ACTIVITY

"Children—all children, but especially those with learning disabilities—learn best through activity, through doing something rather than sitting back passively and being told or shown. It may be partly because doing, touching, handling make things less abstract; it may be because of the element of discovery that doing brings; it may be because impulses from the muscles to the brain facilitate the learning process." †

- TEACH THROUGH MANY SENSES

Teaching through as many senses as possible seems to work best. Good teachers bring in other senses even when the teaching material seems to be directed at only one sense. Tracing a letter and feeling a letter made out of sandpaper, as well as looking at it, sometimes helps to fix it in the child's mind. If a child has trouble in following spoken language, use a picture or chart to help him visualize a story, or to visualize a series of directions when they are presented orally.

- TEACH AT THE APPROPRIATE LEVEL (see page 52)
- THE USE OF REPETITION IN TEACHING (see page 52)
- AVOID DRASTIC CHANGES OF GEARS (see page 53)
- GIVE DIRECTIONS IN SMALL STEPS

Many times children with learning disabilities cannot follow multistep directions. They are usually capable of performing each step involved, but the directions are told to them in a way that throws them off. If a whole series of steps are involved, ask them one at a time, not simultaneously. For example, instead of asking John, "Could you close the door and then come into the kitchen and get out the cookies?", ask him in three consecutive steps:

1. "John, could you close the door?" (John closes the door.)
2. "John, please come into the kitchen." (John goes into the kitchen.)
3. "Please get the cookies out." (John gets the cookies out.)

This is easier for John to understand and follow than asking all three steps at once.

- GIVE DIRECTIONS WITHOUT CLUTTER

Children with poor auditory memory often have difficulty screening out the unimportant words that are not necessary in sentences. You can help by giving directions using only necessary words. Here is an example of a cluttered direction:

- John, could you close the door **so it won't be cold in here** and **then** help **Susie and me in the kitchen to** get the cookies and milk **ready for snack time?** (Bold phrases point out clutter.)

- REDUCE DISTRACTIONS

Many learning disabled children may be easily distracted by outside stimuli. They may not be able to put into perspective every sound and vision that they hear and see around them. They can't filter out all the details and therefore find it hard to concentrate or focus on the important stimuli. For example, when you show Keith the picture of a little boy on a book cover, he might not "see" the little boy but rather will

* Golick, Margaret, **She Thought I Was Dumb But I Told Her I Had A Learning Disability,** Toronto: Bryant Press Limited, 1969, page 8.

† Golick, Margaret, **A Parent's Guide to Learning Problems,** Montreal: Quebec Association for Children with Learning Disabilities, 1970, page 12.

become distracted by the shiny cover or the grooves in the binding.

If a child has severe learning disabilities, it might be difficult and inappropriate to place him in a regular day care setting. But if his problem is not so extreme, he can profit from participating in normal day care activities. Be careful to make sure he isn't bombarded with too many toys or materials at once. It's also helpful if the setting isn't too cluttered and confusing. A child will adjust best to places that are divided into activity areas—a nap area, an art corner, a quiet reading area. Different areas give him clues about what types of stimuli he should expect and focus on in each area. Family homes are fortunate in having these areas already set off—kitchens for cooking and eating, bedrooms for napping, living rooms or playrooms for playing.

HELPING CHILDREN WITH EMOTIONAL PROBLEMS

Certain situations become too much for any child to handle. When this happens, a child may react by crying, hitting, throwing things, becoming very quiet, hiding under a table, or doing something else which he doesn't do when life is going smoothly for him. It's not unusual for kids now and again to react in these ways to various problem situations. But when children usually act as if life is too much for them to handle, we say these children have emotional problems.

Why does a child develop emotional problems? For some, life really has been too much to handle. Their physical needs—food, shelter, clothing, good health—haven't been satisfied. Other children may not have had their emotional needs satisfied—the need for love, security, warmth, understanding. Others, who seem to be getting everything they need, may suffer from a chemical imbalance or brain injury which prevents their basic emotional or physical needs from being fulfilled. And in some cases, we just don't know why a child has emotional problems.

When a child doesn't get something he needs, the way he thinks and feels about life and the way he behaves are affected. The resulting behavior patterns may stay with him as he grows up. If he gets help early enough he can often learn to deal more effectively with his emotional problems. A psychiatrist, psychologist, or psychiatric social worker is trained to deal with emotional problems. If a child is seeing a professional person, both parents and teachers should be in touch with the therapist so everyone can work together and share information. It can be very confusing and harmful to a child when different people try to help him in contradictory ways. One way you can help children with emotional problems is by rewarding acceptable behavior and ignoring or correcting unacceptable behavior, as discussed in Chapter Three: **Guiding Behavior.**

There are three common types of emotional problems. Here are some ideas for working with kids who have them:

- CHILDREN WHO HAVE TROUBLE CONTROLLING THEIR IMPULSES

These are children whose activity levels are faster-paced than other kids'. They're the children who seem to act first and think later. Although they may speak well, they seem to communicate best with large-muscle activities. Fidgety or in constant motion, their attention spans may be short. They often destroy things, pull apart group activities and fight with other children. They may seem more egocentric and unaware of the needs of others than most kids their age. Unstructured time means a chance to run around wildly instead of doing something quietly constructive, such as painting or looking at pictures.

Children who have trouble controlling their impulses can be rewarded for appropriate behavior and taught to control their actions. It's a gradual process. The first step is **preventative discipline.** You take over the job of controlling the child's impulses for him. This must be done by one teacher who assumes responsibility for keeping track of what the child is doing and helping him control those impulses. This teacher doesn't have to be with the child all the time—she can work with other children—but she must be free enough to be able to stop what she's doing and go to the child when he needs her. This requires a high teacher-child ratio or a special teacher, such as a trained student teacher or mother. The child must know he can rely on that person to help him at each difficult time. It's almost as if the teacher makes a contract with the child, promising him that she'll help him keep himself out of trouble.

When you see a problem situation on the horizon, step in and keep it from happening. Learn when problem situations are about to occur by watching the child, noticing what situations set him off and what signals he sends when he's about to have difficulty. A child might be set off

when he's expected to share a toy he wants for himself. The signal might be a loud "No!" or a certain look in his eyes or a certain posture. When you see the signal, step in before he gets into trouble if possible. If a problem does occur (a toy is broken, for example), physically remove him from the situation. If he really gets out of control, take him away from the group, but not out of the room, and stay with him until he calms down. And while you want to be understanding, don't make his removal a rewarding situation by being too solicitous.

The second step is **teaching the child to learn his own signals.** This may be the easiest step to accomplish. Tell the child, "You know, you seem to have problems whenever you have to give up something you want for yourself. That's when you hit someone or break something. When you think that's going to happen, call me and I'll help you." Try to be near enough to the child to get there in time. Also, check in with the child verbally now and again—"David, how are things going?"—so he knows you really care.

Third comes **giving the child back his own controls.** This must be done slowly so he doesn't feel you've abandoned him. Tell him, "Now for a few minutes, instead of calling me, you stop yourself from hitting. But you can call me if you really think you're going to need me to help." Keep praising him for doing well, and gradually encourage him to take more and more responsibility. Reassure him that he's not losing your friendship and will still get your attention after he learns to control his behavior. It won't work unless he's convinced it's really beneficial for him to take control himself.

And as we said, it's slow work. You won't succeed in a week or probably even in a month. It'll take your time, energy, concern and dedication, but it'll be worth all the effort you put into it when you see those self-controls beginning to work.

Other hints for working with children who have trouble with control:

- In general, these kids need more guidance and program structure than most others. You may actively have to keep the child involved in activities. When you see an activity breaking up, try to get these children out of it and into something else. When you lead them into a new activity, stay with them awhile to make sure they get involved. Check on their progress from time to time.
- Try to keep impulsive children out of activities which are frustrating and may encourage destructive behavior (toys with lots of little pieces, activities which require a lot of sharing).
- Intersperse quiet activities with times when kids can run off steam (running, pounding clay, throwing bean bags).
- Have a minimum of toys within their reach that they can spill or break.
- Or give these children their own special pile of toys—if a child is playing with blocks near other children, give everybody his own pile of blocks.
- At storytime, be sure these kids are sitting where they can get involved and see the pictures.
- Serve them towards the beginning, rather than the end, of meals.

• CHILDREN WITH WORRIES THAT REALLY GET IN THE WAY

Worries or fears may get in the way of a child's participation in the program. He may cry when he arrives and have great difficulty letting his mother or father go. (Remember, though, some difficulty is normal for all kids.) This child may also cry whenever he's afraid or mildly upset. If he does participate in an activity, he may do so in a preoccupied way. He relies greatly on order and routine and may be inordinately upset by any change in the room or schedule. He may also be afraid of new people and situations.

General suggestions for working with such children:

- When they first enter the program, try to be with them as much as possible. They need to feel secure and trusting with you before they'll have enough confidence to explore the classroom. While it's important for you to be friendly, don't be too gushy or enthusiastic or the child may be overwhelmed and frightened.
- Kids who have great difficulty separating from their parents need help. It's not only the ones who cry when their mothers leave who may be having trouble—it may also be the kids who seem generally withdrawn and on the fringes of activities. Some separation difficulties may be as much a parent's problem as a child's. Parents may need support and reassurance about leaving their children in the center.

It helps some children to know what their mothers are doing while the children are in the center. Others feel better if they can carry a picture of their mother or father. These chil-

dren may like to have pretend telephone conversations with parents or teachers. Books about parents and children, such as **A Runaway Bunny** by Margaret Wise Brown, often help kids with separation problems. They may like to play separation games such as hide-and-go-seek or hide-the-penny. Parents can also help by showing an interest in the child's activities (hanging up school artwork and asking a child what he did at the center). Let them borrow books to read to their children at home.

- Such children may need more individual attention from teachers than many other children. A high teacher-child ratio and/or special student teachers or volunteers are useful here.
- Extra physical contact, such as holding and cuddling by a teacher, can help.
- You may have to give these kids frequent encouragement to enter into activities, and more praise for their accomplishments.
- Such children need to be able to talk about their worries and fears, but only when they're ready to. You can encourage them to talk about worries without confronting them. You might say to a child who seems to be afraid of the new water play tub, "I wonder if that new tub makes you feel afraid," rather than, "You're afraid of the water tub, aren't you?" Give the child a chance to deny it. You might be wrong about what's really frightening him, or the child may not be ready to talk about it.

- CHILDREN WHO DON'T RELATE WELL TO PEOPLE

Children who have a hard time relating to people may display little or no reaction to other children, or even to their own parents. They may show more interest in objects than they do in people. Language development may be extremely delayed, or they may repeat some action such as rocking back and forth over and over again. They may use toys in strange ways (turning a block over and over in their hands instead of using it to build) or stare at something for hours on end.

In working with these children, try these ideas:

- These children have very private worlds of their own, and often choose to be by themselves. Don't threaten or abruptly intrude into their worlds—communication must come very, very gradually. You can try to participate in the child's world by first finding out what interests him. If a child watches a faucet dripping for hours at a time, quietly join him in watching it for awhile. After you've done this several times, you might drop a small comment about the experience you've shared, such as "down the drain." Make this comment each time you watch the faucet with the child. Gradually, he'll actually expect you to say this. You've then opened a door to communicating with him. In time, you can introduce more comments and then try to expand his world by gradually interesting him in new objects and activities which involve his being near other children.
- Eating may be a problem for some of these children. They may not want to eat when other kids do. Never force them to eat. Often, however, these children want to be fed and mealtime can be a good chance for you to build a relationship. If you feed the child the kind of food he likes when he wants to eat, you're telling him he's special to you. He'll feel good about being with you when you're helping him do something he really likes. You're building trust.
- Generally, these children do best in programs with some structure. They like routine and they like to know what to expect next, even if they're not participating in the group routine.
- Water, sand and clay play can be fascinating activities for withdrawn children, who often enjoy the properties of these materials. In the same way, they may enjoy feeling different textures and smelling different smells.
- If they have good large-muscle control, these kids will likely enjoy balancing and climbing boards and jungle gyms.
- Another way to expand their worlds is through books. Initially, they may just enjoy turning the pages. Give them the same book to look at each time; after awhile, you can point out certain objects in the pictures. Always point out the same things so the child will know what to expect.

APPENDIX A: COMMUNITY RESOURCES

■ This list includes some of the many resources day care programs have discovered in their communities. Valuable resources often go unused simply because people don't think of calling on them. Find out who's doing what in your community and establish working contacts wherever possible. You'll benefit all the children in your program, not just the ones with special needs.

Special Clinics and Clinicians

Pediatric Clinics, Public Health Clinics, Maternal and Child Health Clinics, Child Development Clinics, Well-Baby Clinics, Neighborhood Health Clinics, Pediatricians, Physicians, Public Health Nurses Can:

- identify, evaluate, and diagnose general health conditions of children—physical, muscular, heart-related, neurologically-related, etc.
- identify emotional and learning problems in children
- refer a child with a special problem to a specialist in that area
- provide instruction and counseling for parents
- consult with your staff on health problems of particular children or activities to promote general health of all children
- serve as a referral source to your program

Mental Health Centers, Child Guidance Clinics Can:

- identify, evaluate and diagnose emotional problems in children
- identify, evaluate and diagnose learning problems in children
- offer therapy and medication, if necessary

Community Action Agencies, Social Service Agencies, Community Welfare Councils, Welfare Offices, Neighborhood Centers Can:

- identify and evaluate children with special problems or refer them to diagnostic clinics
- refer children and families to proper specialists
- offer financial assistance to families or refer them to other sources of financial assistance
- provide funds for day care programs
- offer family counseling services
- offer recreational programs for children
- serve as a referral source for your program

Rehabilitation Centers Can:

- identify, evaluate and diagnose physical and motor problems in children
- provide physical therapy—exercises and activities to restore gross motor functions and develop necessary muscles for sitting, creeping, walking, etc.
- provide occupational therapy—exercises to develop fine-motor coordination and muscular development for activities such as feeding, dressing, writing, cutting, pasting, etc.
- help fit children for braces, prosthetic devices, crutches, wheelchairs
- provide instruction and counseling for parents
- consult with your staff on problems of particular children or activities to exercise physical and motor development of all children
- refer children from the clinic to your program, if appropriate

Speech and Hearing Clinics Can:

- assess a child's hearing
- prescribe hearing aids, if necessary
- identify, evaluate and diagnose speech problems
- offer speech therapy and speech correction
- offer language evaluation and diagnose problems
- provide instruction and counseling for parents
- consult with your staff on problems of particular children or activities to exercise speech and hearing development for all children
- refer children from the clinic to your day care program, if appropriate

Vision Clinics, Offices of Optometrists and Ophthalmologists Can:

- assess a child's vision
- diagnose visual learning problems
- prescribe eyeglasses or corrective devices, if necessary
- provide instruction and counseling for parents
- consult with your staff on vision problems of particular children or activities to exercise the visual development of all children
- serve as a referral source to your program

4-C Councils

The 4-C (Community Coordinated Child Care) Councils encourage communities to take a comprehensive, coordinated approach to day care and preschool services. These councils, composed of interested day care and preschool operations, gather information about the community's child care needs and the resources and funds available. Administered by the Office of Child Development, 4-C is organized at the local, State, regional and Federal levels. To find out where your nearest 4-C Council is located, contact the Office of Child Development, Box 1182, Washington, D.C. 20013, or the Office of Child Development at your nearest Federal Regional Office.

Universities and Colleges

Special Education Departments Can:

- place special education students in day care programs to practice teaching
- help identify and evaluate children with special problems

- consult with and/or train your staff to work with special children
- inform you about conferences and training institutes related to special children
- refer your staff to other programs and agencies which work with special children

Schools of Social Work Can:
- place social work students in day care programs for field placement—to work with families of children or coordinate community resources for special children
- consult with and/or train your staff in areas of family involvement, family counseling, coordination of community resources
- refer your staff to other programs and agencies which work with special children

Psychology Departments Can:
- place psychology students in day care programs for field placement—to identify, evaluate, diagnose and treat special problems, work with families
- consult with and/or train your staff in psychological problems of all children and of special children, ways to identify potential problems in children, how to handle the emotional problems of children and their families, the emotional needs of staff
- refer your staff to other programs and agencies which work with special children

Schools of Medicine, Nursing, Public Health, Physical and Occupational Therapy Can:
- place students for field placement in your program
- consult with and/or train your staff in related areas
- refer your staff to other programs and agencies which work with special children
- offer diagnostic and treatment services

Public School Systems

Teachers of Special Classes, Itinerant and Resource Teachers for Emotionally Disturbed, Mentally Retarded or Physically Handicapped Children Can:
- consult with and/or train your staff on the educational needs of special children
- share training programs and any special equipment
- visit and work with special children in your program who may enter their special public school classes

Teachers of Regular Classes, School Psychologists and Social Workers Can:
- visit your program, observe and work with special children who might enter their regular classes

Special Schools

Special Schools Can:
- sponsor joint activities for their children and your children on a regular or occasional basis
- consult with and/or train your staff on the needs of special children
- invite your staff to observe special school classes and activities
- refer their children to your program, when appropriate

Civic Groups

Civic Groups Can:
- volunteer for your program—either for group activities or on a one-to-one basis with a child
- donate or build equipment for your program
- contribute or raise funds for your program
- transport children to and from the center
- publicize the program in their newsletters and at their meetings
- lobby for legislation favorable to day care funding and programs

State Departments

State Departments of Public Health, Mental Health, Mental Retardation, Welfare, Rehabilitation, Education and Special Education Can:
- provide funds for day care programs, for special consultants, for staff training, or for supportive services for special children
- offer training and consultation for your staff
- refer your staff to other sources of funding, of program development

Associations Dealing With Children and Disabilities

Contacts with associations for parents, educators, and professionals are really useful. These associations often have conferences and run training institutes which will be of interest to your staff. Their newsletter can keep you informed of new programs and services in your area, pending day care legislation, funding sources. The national offices of these associations can send you a list of their publications which will be of interest both to teachers and parents. Below are the addresses of some of the national associations for children with disabilities and for general child care:

Agencies and Organizations Dealing with Early Childhood and Day Care:

American Association of Elementary-Kindergarten-Nursery Education (EKNE)
NEA
1201 16th Street, N.W.
Washington, D.C. 20036

Association for Childhood Education International (ACEI)
3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016

Black Child Development Institute (Black child development in day care centers)
1028 Connecticut Avenue, N.W., Suite 514
Washington, D.C. 20036

Child Study Association of America
9 E. 98th Street
New York, N.Y. 10028

Child Welfare League of America
67 Irving Place
New York, N.Y. 10003

Day Care and Child Development Council of America, Inc.
1426 H Street, N.W.
Washington, D.C. 20005

National Association for the Education of Young Children
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009

American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204

Office of Child Development
U.S. Dept. of Health, Education, and Welfare
P.O. Box 1182
Washington, D.C. 20013

Agencies and Organizations Dealing with Special Education and Special Children:

Bureau of Education for the Handicapped
U.S. Office of Education
U.S. Dept. of Health, Education, and Welfare
7th and D Streets, S.W.
Washington, D.C. 20036

Council for Exceptional Children
900 Jefferson Plaza
1499 Jefferson Davis Highway
Arlington, Va. 22202

Mental Retardation:

National Association of Coordinators of State Programs for the Mentally Retarded, Inc.
c/o Mr. Robert Gettings, Executive Director
2001 Jefferson Davis Highway
Arlington, Va. 22202
(This association can refer you to the coordinator of mental retardation programs in your State.)

National Association for Retarded Children
2709 Avenue E East
Arlington, Tex. 76011
(An organization for parents of retarded children and interested community members.)

Emotional Problems:

National Association for Mental Health
10 Columbus Circle
New York, N.Y. 10019

National Society for Autistic Children
621 Central Avenue
Albany, N.Y. 12206

League for Emotionally Disturbed Children
171 Madison Avenue
New York, N.Y. 10017

Visual Problems:

American Foundation for the Blind
15 West 16th Street
New York, N.Y. 10011

American Printing House for the Blind
1839 Frankfort Avenue
Louisville, Ky. 40206
(Publishes catalogs of braille, large type and talking books, educational tape recordings, etc.)

Association for Education of the Visually Handicapped
711 14th Street, N.W.
Washington, D.C. 20005

National Society for the Prevention of Blindness
16th East 40th Street
New York, N.Y. 10019

Learning Disabilities:

Association for Children With Learning Disabilities
2200 Brownsville Rd.
Pittsburgh, Pa. 15210

Hearing and Speech Problems:

The Alexander Graham Bell Association for the Deaf
Headquarters: The Volta Bureau
1537 35th Street, N.W.
Washington, D.C. 20007
(Acts as an information service center for parents through its headquarters, the Volta Bureau, and will answer inquiries and send free information kits to parents with deaf or hard-of-hearing children. Provides a free directory, "Schools and Classes for Deaf Children Under Six.")

The American Speech and Hearing Association
9030 Old Georgetown Road
Bethesda, Md. 20014

The National Association of Hearing and Speech Agencies
919 18th Street, N.W.
Washington, D.C. 20006

The National Association of the Deaf
2025 Eye Street, N.W.
Washington, D.C. 20006
(Offers a free catalog of materials about education and problems of the deaf of all ages.)

The John Tracy Clinic
806 West Adams Boulevard
Los Angeles, Cal. 90007
(Provides a correspondence course in both English and Spanish designed for parents of deaf children between the ages of two and six throughout the world. The course is adapted to the individual needs of the child and his parents. Course work, letters and reports are exchanged.)

Physical Disabilities:

Epilepsy Foundation of America
733 15th Street, N.W., Suite 1116
Washington, D.C. 20005

Muscular Dystrophy Association of America, Inc.
1790 Broadway
New York, N.Y. 10019

National Easter Seal Society (for Crippled Children and Adults)
2123 West Ogden Avenue
Chicago, Ill. 60612

National Foundation—The March of Dimes
1275 Mamaroneck Avenue, P.O. Box 2000
White Plains, N.Y. 10602

National Multiple Sclerosis Society
257 Park Avenue South
New York, N.Y. 10010

United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, N.Y. 10016

Handicapped Children's Early Education Program

Dr. Kay King
University of Alabama
1919 Seventh Avenue South
Birmingham, Alabama 35233
AC 205/934-5241

Dr. Eugenia R. Walker
University of Alabama
Post Office Box 1982
Tuscaloosa, Alabama 35489
AC 205/348-7131

Dr. Rhoda Wharry
Huntsville Achievement School
600 Governors Drive
Huntsville, Alabama 35801
AC 205/536-2895

Dr. Helen Beirne
Alaska Crippled Children &
Adults Treatment Center
3710 E. 20th Avenue
Anchorage, Alaska 99504
AC 907/272-0586

Dr. Elizabeth Sharp
University of Arizona
Department of Special Education
Tucson, Arizona 85721
AC 602/884-3214 or
884-0111

Miss Louise Phillips
Magnolia Public Schools
Post Office Box 428
Magnolia, Arkansas 71753
AC 501/234-3511

Dr. Frank S. Williams
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4734 Fountain Avenue
Los Angeles, California 90029
AC 213/662-2118

Mrs. Lottie Rosen
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1720 Oregon Street
Berkeley, California 94703
AC 415/644-6183

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Los Angeles Unified School District #3
450 North Grand Avenue
Los Angeles, California 90012
AC 213/625-8911—Ext. 2784

Mrs. Judith Sachse
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10526 Victory Place
North Hollywood, California 91606
AC 213/877-5678

Dr. Annabel Teberg
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Rehabilitative Medicine
255 East Bonita Avenue
Pomona, California 91767
AC 714/593-1336

Dr. Hilde S. Schlesinger
University of California
401 Parnassus Avenue
San Francisco, California 94122
AC 415/731-9150

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2065 South York
Denver, Colorado 80201
AC 303/753-2223

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1 State Street
New Haven, Connecticut 06511
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1619 M Street, N.W.
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1604 North 4th Street
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AC 208/667-7407

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403 East Healey
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320 East Armstrong Avenue
Peoria, Illinois 61603
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620 East 10th Place
Gary, Indiana 46402
AC 219/886-3111—Ext. 222

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3500 West 10th Street
Topeka, Kansas 66604
AC 913/272-4060

Mrs. Rhea A. Taylor
United Cerebral Palsy of the Bluegrass
320 Clay Avenue
Lexington, Kentucky 40502
AC 606/266-3109

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Montgomery County Society for
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1000 Twinbrook Parkway
Rockville, Maryland 20851
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147 South Huntington Avenue
Boston, Massachusetts 02130
AC 617/232-1710

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Larsen Hall, Applan Way
Cambridge, Massachusetts 02138
AC 617/734-1111
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244 Townsend Street
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444 South 44th Street
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APPENDIX B: FUNDING RESOURCES

■ Funding is a problem for most day care programs, whether or not they enroll special children. To provide good day care, you need the money to hire good staff in adequate numbers, for facilities, equipment, teaching materials, nutritious meals and snacks.

Programs with special children obviously need just as much money as regular programs, often more if they're going to meet special needs with extra resources and staff. You should become aware of all the funding sources available—Federal, State and local; public and private; funds available to all day care programs and funds for programs with special children. Often, you'll find it necessary to go to several sources for funds. If there are children with special problems involved, you might be able to get financial help from organizations and government agencies specifically for those particular disabilities.

Unfortunately, funding at the various levels of government can be confusing, overlapping and time-consuming to apply for. The burden rests with you and your board of directors, however, to discover what's available and whether you qualify for it. In some cases, you'll find that the funds appropriated for the education of special children are only available to children enrolled in specialized settings such as preschool nurseries for the deaf or day care programs for emotionally disturbed children. Such categorical funding makes it difficult and sometimes impossible for integrated programs to get these funds for their special children.

Here is a list of potential funding sources at the local, State and Federal levels you might investigate:

Local Level

Many of these suggested local resources may not be able to provide direct funds, but may be able to offer facilities in their buildings, special equipment, part-time consultants, staff trainers, etc.

- 4-C Councils—The 4-C (Community Coordinated Child Care) Councils are composed of interested local agencies and organizations who help survey the community's child care needs, coordinate day care efforts, provide information on day care funds and resources. The 4-C program, organized on local, State, regional and Federal levels, is administered by the Office of Child Development.
- Associations dealing with special problems (Association for Retarded Children, Mental Health Association, Cerebral Palsy Association, etc. See Appendix A for addresses)
- Private charity organizations, family foundations
- Community Chests, United Fund Agencies
- Model Cities Programs, Community Action Agencies
- Community mental health and mental retardation centers
- Physical rehabilitation centers
- Universities—Departments of education, psychology, etc. (These schools often donate space for preschool programs on condition that their students use the program for research, observation, field placements or on the condition that children of university staff can use the program.)
- Local civic groups (Lion's Club, Kiwanis, Women's League, church and synagogue groups)

State Level

State departments and agencies often provide direct funds to day care programs and administer and channel many of the Federal funds available. These departments may have job slots for teachers of special children. They may have construction funds or money for curriculum development. Staff from these departments may be available to consult with programs which enroll special children, or the department may fund staff training institues.

State departments with funding potential include the Departments of:

- Mental Health
- Public Health
- Mental Retardation
- Education
- Rehabilitation
- Welfare

Federal Day Care and Pre-School Funds

It's difficult for day care operators to know what types of Federal funds are available and whether their programs are eligible. The three principal funding agencies—Health, Education, and Welfare; Office of Economic Opportunity; the Department of Labor—have set guidelines called the **Federal Interagency Day Care Requirements** which must be satisfied before any group program can qualify for Federal assistance. The Interagency Guidelines have established requirements for physical facilities, standards for safety and sanitation, design and size of facilities, education services, supplementary social services, health and nutrition services, staff training, parent involvement, personnel administration and recruitment, and program evaluation.

Because of the increasing interest in the Congress for new day care legislation, this manual doesn't include current Federal funding resources. If we did include them, they'd probably be out of date before publication. But to get up-to-date information on current day care funds and eligibiliy requirements, write to:

Office of Child Development
U.S. Dept. of Health, Education, and Welfare
P.O. Box 1182
Washington, D.C. 20013

For information on day care and preschool funds for children with special needs, write to:

Bureau of Education for the Handicapped
U.S. Office of Education
7th and D Streets, S.W.
Washington, D.C. 20036

APPENDIX C: BIBLIOGRAPHY

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Child Development

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A practical book which discusses developmental problems of children from birth to six years.

Gesell, Arnold, et al. **The First Five Years of Life.** New York: Harper and Row, 1940.

Discusses developmental stages of children from birth to age five.

Hartley, Ruth E.; Frank, Lawrence K.; Golderson, Robert M. **Understanding Children's Play.** New York: Crowell Collier and MacMillan, Inc., 1957.

A general guide to understanding the developmental significance of different forms of children's play.

Hymes, James. **The Child Under Six.** Englewood Cliffs, New Jersey: Prentice-Hall, 1963.

A simplified version of the development of the child from birth to six years.

Murphy, Lois Barclay. **The Widening World of Childhood.** New York: Basic Books, Inc., 1962.

Mussen, P.; Conger, J.; Kagan, J. **Child Development and Personality.** New York: Harper and Row, 1969.

A textbook of child development from birth to adolescence summarizing and integrating research findings.

Von den Eyken, W. **The Pre-School Years.** Middlesex, England: Penguin Books, 1967.

A book on understanding children's development and behavior during the preschool years.

Curriculum and Teaching

Ashton-Warner, S. **Teacher.** New York: Bantam Books, 1963.

An account of the author's experiences teaching Maori children in a New Zealand Infant School. It gives practical advice about teaching.

Association for Childhood Education International, 3615 Wisconsin Avenue, N.W. Washington, D.C. 20016.

Publishes material related to theory, curriculum and methods in early childhood education. Write for a listing.

Bank Street College of Education Publications, 69 Bank Street, New York, N.Y.

Publishes material related to most aspects of early childhood education. Write for a listing.

Battin, R. R.; Haug, C. O. **Speech and Language Delay: A Home Tradition Program.** Springfield, Illinois: Charles C Thomas, 1968. $5.50

Includes information for parents on how language and speech develop, discipline training for children with speech delay, suggestions for an educational program, methods of stimulation and motivation, training the ear, and auditory and visual memory.

Behrmann, Polly; Millman, Joan. **Excel: Experience for Children in Learning.** Cambridge, Mass.: Educators Publishing Service, Inc., 1968.

A good collection of simple activities to promote oral expression, visual discrimination, auditory discrimination, and motor coordination in preschool children. It emphasizes family-oriented activities, but is also useful in the classroom.

Brown, Carolyn. **For Beginning-to-Be-Teachers of Beginning-to-Be Students.** Nashville, Tennessee: Demonstration and Research College for Early Education, George Peabody College for Teachers, 1971. $1.50

A simple and practical guide for teachers just starting to teach preschool children. It includes materials about child development, curriculum and working with parents.

Camp, Janet; Wilkerson, Peggy. **All About Me.** Nashville, Tennessee: The Demonstration and Research College for Early Education, George Peabody College for Teachers, 1971. $1.50

A curriculum guide to help preschool children understand and accept themselves and others.

Carmichael, Viola S. **Curriculum Ideas for Young Children.** Los Angeles, California: Southern California Association for the Education of Young Children, 1971.

Curriculum ideas for young children, mainly in the social science and science areas. For copies send $3.00 to Mrs. Carmichael, 1886 Kenneloa Canyon Road, Pasadena, California, 91107.

Cohen, Dorothy H.; Stern, Virginia. **Observing and Recording the Behavior of Young Children.** New York: Teachers College Press, Columbia University, 1969.

A book on the evaluation of the growth of individual children.

Cooper, Georgia; Hatch, Betty; King, Peggy. **Wings Emerging: Language Opportunities and the Pre-School Child.** Pleasant Hill, California: Contra Costa County Department of Education, 1966.

A guide to promoting language development of preschool children through many types of activities.

Department of Elementary, Kindergarten, Nursery Education. National Education Association, 1201 16th Street, N.W., Washington, D.C. 20036.

Publishes material relevant to early childhood education. Write for listings.

Dittmann, Laura L., ed. **Curriculum is What Happens: Planning is the Key.** National Association for the Education of Young Children, Washington, D.C., 1970. $1.75

A series of short articles dealing with planning and evaluating day-to-day experiences in programs for young children.

Education Development Center, 55 Chapel Street, Newton, Massachusetts.

Publications on making equipment from free or inexpensive materials and on curriculum. Write for listing.

Engel, Rose. **Language Motivating Experiences for Young Children.** Van Nuys, California: Don Figge Associates, 1968. $4.95

Lesson plans and experiences in language development in specific curriculum areas: art, cooking, motor activities, sensory experiences.

Evans, E. Belle; Shub, Beth; Weinstein, Marlene. **Day Care.** Boston: Beacon Press, 1971. $6.96

A book of practical advice on every aspect of planning, developing, and operating a day care center.

Hymes, James. **Teaching the Child Under Six.** Columbus, Ohio: Charles E. Merrill Publishing Co., 1968.

A general, practical approach to early childhood education.

Karnes, Merle B. **Helping Young Children Develop Language Skills: A Book of Activities.** Arlington, Virginia: The Council for Exceptional Children, 1968. $3.50

A book of activities for teachers to help preschool children develop skills related to all aspects of language development.

Mallum, Mary Alice. **California Children's Centers Curriculum Guide: Goals and Growth Experiences for the Early Years.** Hawthorne, California: Children's Centers Directors and Supervisors Associations, 4568 West 133rd Street, 1970.

A helpful guide to setting and carrying out goals in the various curriculum areas.

Murphy, Lois; Leeper, Ethel. **Caring for Children Series.** U.S. Department of Health, Education, and Welfare, Office of Child Development, Bureau of Head Start and Child Service Programs, Washington, D.C., 1970.

Number One: The Ways Children Learn

A practical, easy-to-read pamphlet which tells how children learn, what they need to know and how the teacher can help them learn.

Number Two: More Than a Teacher

A pamphlet which tells how day care workers contribute to the child's development by giving him or her love and understanding as well as teaching.

Number Three: Preparing for Change

Practical advice on how to help a child prepare for new and sometimes disturbing situations in his life.

Number Four: Away From Bedlam

Practical advice on finding the causes of and prevention of bedlam in the child care center.

National Association for the Education of Young Children (NAEYC), 1834 Connecticut Avenue, N.W., Washington, D.C. 20009.

Publishes a journal and many materials relevant to early childhood education. Write for a listing.

Pines, M. **Revolution in Learning: The Years From Birth to Six.** New York: Harper and Row, 1966.

Current theories and practices in early childhood education.

Pitcher, Evelyn Goodenough; Lasher, Miriam G.; Feinburg, Sylvia; Hammond, Nancy. **Helping Young Children Learn.** Columbus, Ohio: Charles E. Merrill Publishing Co., 1966. $3.95

A good curriculum resource for teachers working with preschool children. It presents an orientation to teaching as well as practical suggestions in the various curriculum areas.

Warner, Dianne; Quill, Jeanne. **Beautiful Junk.** Washington, D.C.: Project Head Start, Office of Child Development, 1969.

A list of sources of free or inexpensive materials for early childhood programs and suggestions about how to use them.

Wylie, Joanne. **A Creative Guide for Pre-School Teachers.** Western Publishing Company, 1969.

A comprehensive guide to goals, activities and materials for an organized preschool program.

Children's Books

Books about differences between children:

Beim, Jerrold. **The Smallest Boy in the Class.** New York: William Morrow and Co., Inc., 1951.

Stature isn't always measured in feet and inches.

Green, Mary M. **Is It Hard? Is It Easy?** New York: Wm. R. Scott, Inc., 1960.

A boy and girl discover that different things are hard and easy for each.

Krasilousky, Phyllis. **The Very Tall Little Girl.** New York:

Doubleday and Company, 1969.

A reassuring book about a child who is taller than her friends.

Books about getting along with other children:

Cohen, Mirian. **Will I Have a Friend?** New York: MacMillan and Company, 1967.

Jim's fears about not having a friend in his new school disappear as the day progresses.

Carle, Eric. **Do You Want To Be My Friend?** New York: Crowell Collier and MacMillan, Inc., 1971.

A child looks for and finds a friend.

Zolotow, Charlotte. **My Friend John.** New York: Harper and Row, 1968.

A book about best friends.

Zolotow, Charlotte. **The Quarrelling Book.** New York: Harper and Row, 1963.

Friends can quarrel, too.

Night fears and sleeping problems:

Alexander, Anne. **Noise in the Night.** Chicago: Rand McNally and Co., 1960.

A light-sleeping reader can find reassurance in this book that tells of things that go bump in the night.

Brown, Margaret W. **Goodnight Moon (1947)** and **A Child's Goodnight Book** (1950). New York: Harper and Row.

Two good books to make going to bed easier.

Hoban, Russell. **Bedtime for Frances.** New York: Harper and Row, 1960.

Frances, the raccoon, doesn't want to go to sleep. She gradually gets over her fears.

Sendak, Maurice. **Where the Wild Things Are.** New York: Harper and Row, 1963.

A young boy conquers terrible monsters.

Family worries:

Brown, Margaret W. **The Runaway Bunny.** New York: W. R. Scott, 1950.

A good book for children with separation problems: a mother reassures her child that she will always be with him.

Hoban, Russell. **A Baby Sister for Frances.** New York: Harper and Row, 1964.

Frances, the raccoon, is jealous of the new baby sister but learns to like her.

Langstaff, Nancy. **A Tiny Baby for You.** New York: Harcourt, Brace and World, 1955.

Real photographs and text show what a new baby is like.

Sickness:

Rey, M. **Curious George Goes to the Hospital.** Boston: Houghton Mifflin Co., 1966.

A child's fears about going to the hospital will be relieved as he reads about Curious George, the monkey, and his experiences there.

Guiding Behavior

Becker, Wesley. **Parents are Teachers: A Child Management Program.** Champaign, Illinois: Research Press Company, 1971. $3.75

Describes the use of reinforcers and punishers in managing children's behavior.

Madsen, Charles H.; Madsen, Clifford K. **Teaching and Discipline: Behavioral Principles Towards a Positive Approach.** Boston: Allyn and Bacon, Inc.

Designed to help teachers use behavior principles such as rewarding positive behavior as a part of the teaching method.

Patterson, Gerald R.; Gullion, Elizabeth. **Living With Children: New Methods for Parents and Teachers.** Champaign, Illinois: Research Press Company, 1971. $3.00

Written in the form of programmed instructions, this book introduces the concept of positive reinforcement.

Valette, R. E. **Modifying Children's Behavior: A Guide for Parents and Professionals.** Palo Alto, California: Fearon Publishers, 1969.

Presents information for parents on behavior and behavior modification for use in self-instruction, parent counseling, parent education, or teacher in-service training.

Children With Special Needs

Barbe, Walter. **The Exceptional Child.** New York: The Center for Applied Research in Education, Inc., 1963.

A textbook describing the different types of special children and their educational needs.

Dunn, Lloyd, ed. **Exceptional Children in the Schools.** New York: Holt, Rhinehart and Winston, Inc., 1963. $11.00

Discusses the educational needs of school-age children with special problems. Excellent bibliographies at the end of each chapter on relevant books, resource organizations and films.

Exceptional Children, Vol. 37, No. 9, May, 1971. The Council for Exceptional Children, 1411 S. Jefferson Davis Highway, Suite 900, Arlington, Virginia, 22202.

This journal, issued monthly, is an excellent informative source on special children. This particular issue is devoted to "The Exceptional Child's Early Years." In addition to many articles on exemplary preschool programs, it contains a directory of resources on Early Childhood Education which lists and describes model preschool programs, agencies and organizations concerned with early education and major publications with interest in the education of young children.

The Exceptional Parent Magazine: Practical Guidance for the Parents of Exceptional Children. Boston: Psy-Ed. Corporation.

A new magazine that will be of interest to anyone concerned with special children. It deals with special problems from the parents' point of view, provides technical information stripped of professional jargon and practical advice on day-to-day care. Published 6 times a year; subscriptions are $2.00 a copy; $12.00 a year. Write the Psy-Ed. Corporation, 264 Beacon Street, Boston, Mass. 02116.

Feeding the Child With a Handicap. Health Services and Mental Health Administration, Maternal and Child Health Service. Washington, D.C.: U.S. Government Printing Office, 1967. $.30.

This pamphlet provides many helpful suggestions to the parents of a handicapped child who has feeding problems.

Kough, Jack; De Haan, Robert. **Identifying Children with Special Needs.** Science Research Associates, Inc.

A book to help identify children in the classroom with potential special needs. Lists observable characteristics of children with hearing and visual problems, physical disabilities, speech problems, learning and emotional problems.

Kvaraceus, W. C.; Hayes, E. N. **If Your Child Is Handicapped.** Boston: Porter Sargent, Publisher, 1969. $7.95

A collection of highly personal accounts by parents of the experience in having a handicapped child.

Murphy, Lois B.; Leeper, Ethel M. **The Vulnerable Child.** No. 5 from the series, **Caring for Children.** Office of Child Development, Bureau of Head Start and Child Service Programs, U.S. Department of Health, Education, and Welfare, Washington, D.C.

An excellent down-to-earth booklet about children in day care centers who may have special problems or vulnerabilities—physical handicaps, emotional vulnerabilities, everyday fears, stresses. Directed to staff in child care centers and homes.

Siegel, Ernest. **Special Education in the Regular Classroom.** New York: John Day Company, 1969.

Offers hints for teachers on helping school-age children with special needs to overcome poor self-concept, anxiety, poor coordination, behavioral problems. Many parts of the book are applicable to the preschool child as well.

Spock, Benjamin; Lerrigo, Marion. **Caring for Your Disabled Child.** New York: The MacMillan Co., 1965. $4.95 (Also in paperback, Collier-MacMillan Publishers, $1.95.)

A reference book for parents on caring for their disabled children: suggestions about medical care, education, home management.

Weatherby, Doris. **Project Quest: Films on Early Childhood and Special Education.** Pitman, New Jersey: Education Improvement Center, South Jersey Region, P.O. Box 426 08071.

An annotated film catalog on early childhood and special education films. Ratings of films on child development, programming, management, environment, special education.

Mentally Retarded Children

Bensberg, Gerald. **Teaching the Mentally Retarded—A Handbook for Ward Personnel.** Atlanta, Georgia: Southern Regional Education Board, 130 Sixth Street, N.W. 30313, 1965. $3.00

An excellent manual for parents and teachers as well as ward personnel. It presents principles and methods for teaching the mentally retarded the various skills and information required for them to be as independent as possible—language development, self-care, etc.

Carlson, Bernice; Ginglend, David. **Play Activities for the Retarded Child.** New York: Abington Press, 1961. $4.00

Ideas for parents and teachers to help the mentally retarded grow and learn through music, games, handicrafts and other play activities.

Connor, Frances P.; Talbot, Mabel E. **An Experimental Curriculum for Young Mentally Retarded Children.** New York: Bureau of Publication, Teachers College, Columbia University, 1964.

A curriculum developed for preschool mentally retarded children with sequences of goals set up in the following areas: intellectual development; imagination and creative expression; social; emotional; manipulative; motor; and self-help development.

Dittmann, Laura L. **The Mentally Retarded Child at Home —A Manual for Parents.** Children's Bureau Publication No. 374, Department of Health, Education, and Welfare. Washington, D.C.: U.S. Government Printing Office, 1959. $.35

This parent manual has many suggestions day care staff will also find helpful. It discusses toilet training, dressing, cleanliness, speech, play, etc., from infancy to adolescence.

Doorly, Ruth K. **Our Jimmy.** Arlington, Texas: National Association for Retarded Children, 1967. $3.95

A book for preschoolers who share in the responsibility of helping a retarded brother or sister. It explains what retardation is and what it means in the life of a family.

Dybwad, Gunnar. **The Mentally Handicapped Child Under Five.** Arlington, Texas: National Association for Retarded Children, 1969.

Describes the different types of services needed by mentally retarded pre-schoolers and their families.

Environmental Criteria: Mental Retardation Pre-School Day Care Facilities. College Station, Texas: Research Center, College of Architecture and Environmental Design, Texas A&M University, 1971.

Describes the environmental implications of day care programs for mentally retarded, culturally deprived and normal children. Also discusses basic planning considerations in designing activity areas of day care centers, the use of light, color, acoustics, space, etc. It will be most useful for those **planning** future day care centers; not as helpful (but of interest) to those centers already established.

Ginglend, D. R.; Stiles, Winifred, E. **Music Activities for Retarded Children—A Handbook for Teachers and Parents.** Nashville, Tennessee: Abington Press, 1965. $3.50

Designed to help you start a developmental beginning music program for mentally retarded or young normal children.

Gorham, Kathryn. **Selected Reading Suggestions for Parents of Mentally Retarded Children.** U.S. Department of Health, Education, and Welfare, Office of Child Development. Washington, D.C.: U.S. Government Printing Office, 1970. $.60

An excellent annotated bibliography on mental retardation for parents. Includes books and personal accounts by parents; books about families of the retarded; books for siblings of the retarded; manuals on helping the retarded child at home.

McIntire, Pamela. "The Let's Talk Program." **Welfare Reporter,** July, 1971.

Outlines speech and language stimulation activities for the mentally retarded. For copies write to: Public Information Office, Department of Institutions and Agencies, 135 West Hanover Street, Trenton, New Jersey, 08625.

Roberts, Nancy. **David.** Richmond, Virginia: John Knox Press, 1968. $4.50

Pictures and text tell the story of the arrival, acceptance and early childhood of the Roberts' mentally retarded son.

Teach Me Now. Norfolk, Virginia: Tidewater Association for Retarded Children. $2.00

A guide for teachers of preschool mentally retarded children with suggestions for teaching, learning and readiness skills, for curriculum development, planning and evaluation.

Van Witsen, Betty. **Perceptual Training Activities Handbook.** New York: Teachers College Press, Teachers College, Columbia University. 1967. $1.75

Activities for children with learning disabilities to develop vision, auditory perception and other forms of sensory perception.

Children With Learning Disabilities

Cruickshank, W. M. **The Brain-Injured Child in Home, School and Community.** New York: Syracuse University Press, 1967. $6.50

Written for parents, teachers and others who work daily with brain-injured children. Includes considerations of the symptoms of brain damage, recommendations for diagnostic procedures and personnel, and descriptions of treatment techniques that have proven effective at home and in the classroom.

Ebersole, Marylou; Kephart, Newell C.; Ebersole, James. **Steps to Achievement for the Slow Learner in the Classroom.** Columbus, Ohio: Charles E. Merrill, 1968.

Describes the characteristics of the brain-damaged child; enables the teacher to identify the slow learner early and shows how to develop and sharpen his readiness skills.

Flowers, Ann M. **Helping the Child with a Learning Disability: Suggestions for Parents.** Danville, Illinois: Interstate Printers and Publishers, Inc., 1969. $.30

Written for parents of children with learning disabilities, this booklet provides information on the nature of learning and suggests activities parents may use to help children become more aware of their environment and to stimulate their learning.

Golick, Margaret. **A Parent's Guide to Learning Problems.** Montreal 252, Quebec: Quebec Association for Children with Learning Disabilities, 6338 Victoria Avenue, 1970. $1.00

Useful for both parents and teachers, this guide discusses how to help the child with learning problems assume responsibility. The learning process is described and learning activities are suggested which can be carried out in the kitchen and elsewhere in the home.

Golick, Margaret. **She Thought I Was Dumb But I Told Her I Had a Learning Disability.** Montreal 252, Quebec: Quebec Association for Children with Learning Disabilities, 1971. $1.00

Provides an overview of learning disabilities, describing some problem areas for children with learning disabilities and guidelines for evaluating development. Contains suggestions for helping the child in the classroom and at home.

Hart, Hane; Jones, Beverly. **Where's Hannah? A Handbook for Parents and Teachers of Children with Learning Disorders.** New York: Hart Publishing Company, 1968. $8.50

A mother and a teacher relate the experiences of Hannah, a brain-injured 11½ year-old girl.

Kronic, Doreen. **They, Too, Can Succeed: A Practical Guide for Parents of Learning Disabled Children.** San Rafael, California: 1969. $3.75

Written for parents of children with learning disabilities, this text offers practical hints for the solution of recurring educational, physical and social problems.

Learning Disabilities: A Handbook for Parents and Teachers. Des Moines, Iowa: Polk County Board of Education, 112-116 Eleventh Street, 1970. $1.50

A short booklet describing children with learning disabilities and their needs. Contains chapters entitled, "How Can I Help As a Teacher?" and "How Can I Help As a Parent?"

Lewis, Richard S. **The Other Child.** New York: Grune and Stratton, 1960. $3.75

Written for both parents and professional workers, this text in non-technical language defines and discusses the brain-injured child.

Minde, K. **A Parent's Guide to Hyperactivity in Children.** Montreal 252, Quebec: Quebec Association for Children With Learning Disabilities, 1971. $1.00

Discusses the causes and effects of hyperactivity in children, how parents can help the hyperactive child, different methods of management and possible problems arising during a day with a hyperactive child.

Murphy, John R. **Listening, Language and Learning Disabilities: A Guide for Parents and Teachers.** Cambridge, Massachusetts: Educators Publishing Service, 1970. $2.00

Describes the characteristics of children with learning disabilities and possible causes of the problems. Includes suggestions on developing listening abilities, speech and language.

Van Witsen, Betty. **Perceptual Training Activities Handbook.** New York: Teachers College Press, Teachers College, Columbia University, 1967.

Activities for children with learning disabilities to develop visual and auditory perception and other forms of sensory perception.

Children With Emotional Problems

Axline, Virginia M. **Dibs: In Search of Self.** Boston: Houghton Mifflin Company, 1964.

The case history of a young boy with emotional problems as he is helped through psychotherapy.

Axline, Virginia M. **Play Therapy.** New York: Ballantine Books. 1969.

A very readable book about a method of therapy for young children.

Bettelheim, B. **Love Is Not Enough.** Glencoe, Illinois: The Free Press, 1967.

A book about a therapeutic setting for children with emotional problems.

Baruch, Dorothy W. **One Little Boy.** New York: Dell Publishing Co., Inc., 1964.

A boy with emotional problems is helped through therapy.

Braun, S.; Lasher, M. **Preparing Teachers to Work with Disturbed Pre-Schoolers.** Boston: Nimrod Press, Inc., 1970.

A report of a training program on teaching teachers to work with preschool children with emotional problems. For copies write to the authors at the

Department of Child Study, Tufts University, Medford, Massachusetts, 02155.

Caplan, Gerald. **Emotional Problems of Early Childhood.** New York: Basic Books, 1955.

A book about the different kinds of emotional problems of young children.

Joseph, Harry; Zern, Gordon. **The Emotional Problems of Children: A Guide for Parents.** New York: Crown Publishers, 1954.

A broad summary of the management of many types of emotional problems in children and adolescents.

Leibman, Samuel, M.D. **Emotional Problems of Childhood.** Philadelphia: J. A. Lippincott Company, 1958.

A broad summary of the management of many types of emotional problems in children and adolescents.

Moustakas, Clark. **Psychotherapy with Children—The Living Relationship.** New York: Harper and Row, 1959.

On helping children with emotional problems through therapy.

Pavenstedt, Eleanor. **The Drifters.** Boston: Little, Brown and Co., 1967.

About the emotional problems of children from low-income families.

Redl, Fritz. **Children Who Hate.** Glencoe, Illinois: The Free Press, 1951.

A book about children with emotional problems who seem to hate others; how they got that way.

Redl, Fritz; Wineman, David. **Controls From Within.** Glencoe, Illinois: The Free Press, 1952.

A book about helping children with emotional problems to develop their own controls.

Rubin, Theodore I. **Jordi.** New York: The MacMillan Company, 1960.

About a child who doesn't relate well to people.

Socially and Emotionally Disturbed Children: A Guide for Parents. Harrisburg, Pennsylvania: Pennsylvania Department of Education, Bureau of Special Education, 1970.

A booklet on helping parents understand and find help for their children with emotional problems.

Children With Physical Disabilities

Calovini, Gloria. **The Principal Looks at Classes for the Physically Handicapped.** Washington, D.C.: The Council for Exceptional Children, NEA, 1201 Sixteenth Street, N.W., 1969. $1.75

Addressed to the principal who has little or no background in special education, but who has a class for the physically handicapped in his school. This introduction to physical handicaps, their implications and appropriate programs will be helpful to any person interested in the care of physically disabled children.

Dorward, Barbara. **Teaching Aids and Toys for Handicapped Children.** Washington, D.C.: The Council for Exceptional Children, 1960. $1.75

Describes how to make and use a number of teaching aids and toys for cerebral palsied children of nursery school and kindergarten age. The toys have also been used with brain-injured, mentally retarded and multiply-handicapped children.

Finnie, Nancie. **Handling the Young Cerebral Palsied Child At Home.** New York: E. P. Dutton and Co., 1968. $3.50

An excellent guide for parents, nurses, therapists and others involved in caring for young cerebral palsied children. Hints on carrying, bathing, toilet training, dressing, feeding, playing. Contains a list of addresses of suppliers of accessories and equipment, chairs, feeding and drinking utensils, strollers, toys, etc.

Frantzen, June. **Toys, the Tools of Children.** Chicago: National Society for Crippled Children and Adults, 2123 W. Ogden Avenue, 60612, 1957. $1.00

Analysis of toys and their use with normal children and in the training and treatment of the physically disabled. Useful as a selection guide for parents, teachers, therapists, physicians and others concerned with children's growth and development.

Helsel, Elsie; Messner, Sherwood; Reid, L. Leon. **Opening New Doors to the Cerebral Palsied Through Day Care and Development Centers.** New York: United Cerebral Palsy Associations, Inc.

A booklet discussing the administration, program, staff and parent services in day care programs for cerebral palsied children.

Please Help Us Help Ourselves. Indianapolis, Indiana: United Cerebral Palsy Association of Central Indiana, Inc., 615 Alabama Street, 46204. $2.00

This manual contains directions for constructing easily made, inexpensive adaptive equipment for the physically disabled child—cardboard tables and chairs, styrofoam sit-up table boxes, handles for utensils and games, bicycle pedals, etc.

Blind and Visually-Impaired Children

Dorward, Barbara; Barraga, Natalie. **Teaching Aids for Blind and Visually Limited Children.** New York: American Foundation for the Blind, 1968. $2.75

Presents educational aids specifically designed to develop the physical and mental capabilities of blind children, while bearing in mind their visual limitations. Each educational aid comes with instructions and a list of necessary materials.

Halliday, Carol. **The Visually-Impaired Child: Growth, Learning, Development, Infancy to School Age.** Louisville, Kentucky: American Printing House for the Blind, 1971. $3.25

An excellent practical manual for parents and teachers on the care, training and instruction of the visually-impaired child from birth until entry into a formal school program. It describes the basic needs a visually-impaired child shares with all children and presents in outline form how all children normally develop. It lists and describes educational materials and practical techniques to help the visually-impaired child at each stage of development.

Krebs, Mrs. Gordon. **The Blind Child in Kindergarten.** New York: Commission for the Blind, New York State Department of Social Welfare, 270 Broadway, Booklet No. 202.

A kindergarten teacher tells of her experience with two blind children in her regular classroom. Discusses parent cooperation, acceptance by other children, adaptations of the program.

Moor, Pauline M. **A Blind Child, Too, Can Go To Nursery School.** New York: American Foundation for the Blind, Pre-School Series No. 1, 1962. $.25

An excellent pamphlet describing the integration of blind children into regular nursery school programs. It discusses the questions raised by nursery school teachers about enrolling blind children; how to introduce the child to the school; what to expect of a blind child in terms of participation in activities and performance; how to prepare the other children for a blind child in class.

Pelone, Anthony. **Helping the Visually Handicapped Child in a Regular Class.** New York: Teachers College Press, Teachers College, Columbia University, 1957. $2.25

Describes the needs of children with visual problems in regular classrooms; the roles of various school personnel (nurse, teacher, counselor, psychologist) in meeting these needs; curriculum adaptations for the regular classroom setting. It deals with school-age children only.

Pfeiffer, Elsbeth. **Study of Joe—A Blind Child in a Sighted Group.** New York: Bank Street College of Education, 69 Bank Street, 10014, 1958.

An excellent pamphlet written by a teacher about Joe, a blind child who entered her regular nursery school program. Describes in detail the daily activitives Joe could join in and how staff were able to adapt their program to meet his needs.

Toys for Early Development of the Young Blind Child: A Guide for Parents. Springfield, Illinois: The Office of the Superintendent of Public Instruction, 1971.

A list of toys to help the blind child in his early development. Toys are categorized according to purpose and age of the child from infancy to age three.

Children With Hearing and Language Problems

Adler, Irving and Ruth. **Your Ears.** New York: The John Day Company. $2.68

Easy-to-read information on the ear and hearing.

Bloom, Freddy. **Our Deaf Children.** London, Melbourne, Toronto: William Heinemann Ltd., 1963. $3.70

The British mother of a severely hard-of-hearing little girl describes the problems a family faces in dealing with a young deaf girl.

Directory of Services for the Deaf in the United States. American Annals of the Deaf, Gallaudet College, Washington, D.C. 20002.

A comprehensive listing of schools, clinics, instructional materials, conferences, agencies and organizations for the deaf.

Harris, Grace M. **For Parents of Very Young Deaf Children.** Washington, D.C.: Alexander Graham Bell Association for the Deaf. $.60

If You Have a Deaf Child: A Collection of Helpful Hints to Mothers of Deaf Children. Urbana, Illinois: University of Illinois Press. $1.00

Lassman, Grace Harris. **Language for the Pre-School Deaf Child.** New York: Grune and Stratton, Inc., 1950. $7.45

A teacher of the deaf discusses fundamental concepts, activities and training techniques; also includes a design for nursery school and parent education and selected case histories.

Learning to Talk. Information Office, National Institute of Neurological Diseases and Stroke, National Institutes of Health, Bethesda, Maryland, 20014, 1969. $.45

This pamphlet discusses speech, hearing and language problems in the preschool child. It also describes normal language development in children from 3 months to 5 years.

Lowell, Edgar L.; Stoner, Marguerite. **Play It By Ear.** Los Angeles: Educational Materials Department, John Tracy Clinic, 806 West Adams Blvd., 90007. $3.50

Auditory training games for young deaf and hard-of-hearing children.

Myklebust, Helmer R. **Your Deaf Child: A Guide for Parents.** Springfield, Illinois: Charles C Thomas Co., 1950. $4.70

This book describes the kinds of problems confronting parents in caring for the deaf child and ways to meet the child's needs.

Newton, Mary Griffith. **Books for Deaf Children.** Washington, D.C.: Alexander Graham Bell Association.

Suggestions of books for nursery school through grade 9.

Palmer, Charles E. **Speech and Hearing Problems: A Guide for Teachers and Parents.** Springfield, Illinois: Charles C Thomas Co., 1961.

An excellent book in question and answer format divided into two parts; the first deals with speech problems; the second with hearing problems. Suggestions of what to do and where to go for help.

Ronnei, Eleanor C.; Porter, Joan. **Tim and His Hearing Aid.** Washington, D.C.: Alexander Graham Bell Association. $1.00

A picture book for children who wear hearing aids.

Teach Your Child to Talk: A Parent Handbook. New York: CEBCO, Standard Publishing Co., 1959. $1.50

A reference book for parents of children from infancy to 5 years. Lists stages of normal speech and language development; questions parents can answer to check if their child is developing within normal limits; and suggested games, activities, books, records, etc. useful for speech and language stimulation.

Utley, Jean. **What's Its Name? A Guide to Speech and Hearing Development.** Urbana, Illinois: University of Illinois Press, 1968.

A workbook designed for parents and teachers of hearing-impaired children.

The Volta Review. Washington, D.C.: Editorial Office, 1537 35th Street, N.W.

A monthly magazine which contains articles for both professional workers and parents. Membership fee is $3.00

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